

HILLSBORO SPARTAN BASEBALL

3285 SE Rood Bridge Rd. Hillsboro, OR 97123
Head Coach: Matt Bailie

Phone (503) 642-5127 hm
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E-Mail: mbailie10@hotmail.com

Players Name	
Date of Birth/Age	
Address:	
Telephone	
E-mail	
Parent(s) Name(s)	
Emergency Contact:	
Emergency Contact Number:	
Medical Insurance Co.	
Policy #	
Known Medical Conditions:	

I give my permission for my son _____ to participate in the OIBA/Futures baseball programs at Hillsboro High School and I know of no physical or mental problems, which may affect my son's ability to safely participate in this program. I realize that such activity involves the potential for injury, which is inherent to all sports. I acknowledge that even with the best coaching, use of the most protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I further recognize that medial treatment on an emergency basis may be necessary at a time when I am not available to give my consent in advance of such emergency care, and I hereby authorize the coaches or representatives of Hillsboro Baseball's OIBA and Futures Summer Baseball program to act for me according to their best judgment in any emergency requiring medical care for my son.

I have read this waiver and agree to its contents and hereby waive and release Hillsboro Baseball, its coaches, Hillsboro High School and the Hillsboro School District from any and all claims for personal injury. I will be responsible for any medical or other charges in connection with his participation in the summer baseball program.

Parent Signature

Date