

# Aiken Baseball Academy Membership Form



Player's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

## Parent/Legal Guardian #1

Name \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

## Parent/Legal Guardian #2

Name \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

**Which Parent/Legal Guardian will be the primary contact for receiving information about practices, schedule changes, etc.**

\_\_\_\_\_

'Parents and Coaches- By signing below, myself, my spouse and my child knowingly and freely assume all such risk and give my permission for my child to participate in Aiken Baseball Academy. I accept full responsibility for any injury which may occur, and will in no way whatsoever, hold Aiken Baseball Academy or the City of Aiken or any employee or representative of Aiken Baseball Academy or City of Aiken responsible. The player above is allowed to participate in any way in this program, related events and activities; therefore, I agree that participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program. The player and others whose signatures are below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by physicians and surgeons. The intention hereof being to grant authority to administer and to perform aid and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the Player's care be deemed advisable or necessary. We also agree that the player when admitted is to remain in the hospital until his/her physician recommends the player's discharge.

Parent/Legal Guardian Signature

Date

## Membership Package

- \$45 - Single Player
- \$67.50 - 2 Players - Same Family
- \$90 - 3+ Players - Same Family

## Payment

- Cash/Check
- Credit Card
- Monthly Auto Renew
- Venmo @david-brinkley-20