

# City of Delphos Parks & Recreation Department

## Girls 2-3-4 grade League Waiver

### 2019 Season

I, \_\_\_\_\_ (please print parent or guardian of the player named below), hereby give my approval for my daughter to participate in any and all of the activities of the Girls 2-3-4 League during the current season. I assume all risks and hazards incidental to the conduct of the activities. I assume the responsibilities of transportation to and from the activities. I do further release, absolve and hold harmless the City of Delphos, the Board of Control, the Organizers, sponsors, supervisors, or anyone else involved with the league.

\_\_\_\_\_  
Signature of the Parent or Guardian

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

Address: \_\_\_\_\_

Email \_\_\_\_\_ Text # \_\_\_\_\_ Phone #: (if different) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> grade \_\_\_\_\_

(As of current school year)

Circle one

*If possible! Do you want your child to have the same coaches as last year? YES – NO – doesn't matter*

Are you willing to coach or help coach? \_\_\_\_\_ Notes: \_\_\_\_\_

### Emergency Information

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: Youth Medium (10-12) \_\_\_ Large (14-16) \_\_\_  
Adult Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_

Amount Paid: \_\_\_\_\_ (Make check payable to Delphos Little League Association)

Date: \_\_\_\_\_ \$35 for 1 child \$65 for two \$80 Family Maximum