

City of Delphos Parks & Recreation Department
Girls 5-6 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 5-6 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: _____ 5th or 6th grade _____

(As of current school year)

Are you willing to coach or help coach? _____

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