



800 Phillies Dr. Clearwater, FL 33755 Phone: 727-797-9090 Fax: 813-749-8992 www.winninginning.com

2012 SPRING LEAGUE

Name:	Age:	DOB:
Address:	School:	Grade:
City:	State:	Zip:
Home Phone:	Player's Cell:	
E-Mail:		
Dad's Name:	Cell:	Work:
Mom's Name:	Cell:	Work:
Primary Med. Insurance Carrier:	Policy #:	Policy Holder:

MEDICAL AND LIABILITY RELEASE

Please tell us any condition that attending physician should be aware of:

RELEASE FOR MEDICAL TREATMENT

It is necessary for you to authorize health care providers (including physicians, ambulances, etc.) to administer treatment in the case of emergency (accident, sudden illness, etc.). Therefore, this application IS NOT COMPLETE AND WILL NOT BE ACCEPTED by THE WINNING INNING, INC. until this form is signed by the Participant if of legal age or parent or guardian-and must be received by TWI before the start of any program.

I hereby authorize any medical treatment which may be advised or recommended by the attending physician of the Participant while participation in any of THE WINNING INNING, INC. programs.

Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY FOR ADULT PARTICIPANT

The undersigned hereby acknowledges that participation in any THE WINNING INNING, INC. program or activity involves an inherent risk of physical injury, and sometimes death. Therefore, the Participant of legal age, on behalf of myself and my heirs, beneficiaries, survivors and assigns hereby assume all such risk and do hereby release and forever discharge THE WINNING INNING, INC., The City of Clearwater and their directors, officers, employees, coaches, and agents from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death damage to property, and the consequences thereof, resulting from the Participant's active participation or involvement in any THE WINNING INNING, INC. program or activity including but not limited to, any failure of equipment or defect in the premises.

Signature of Participant if legal age: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY FOR MINOR

The undersigned hereby acknowledges that participation in any THE WINNING INNING, INC. program or activity involves an inherent risk of physical injury, and sometimes death. Therefore I/We as, parent(s) or guardian(s) on behalf of my/our child or ward and their heirs, beneficiaries, survivors and assigns hereby assume all such risk and do hereby release and forever discharge THE WINNING INNING, INC., The City of Clearwater and their directors, officers, employees, coaches, and agents from any and all liability of whatever kind of nature, including any and all individual or derivative parental claims, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death damage to property, and the consequences thereof, resulting from the Participant's active participation or involvement in any THE WINNING INNING, INC. program or activity including but not limited to, any failure of equipment or defect in the premises.

Signature of Father/Guardian _____ Date _____ Signature of Mother/Guardian _____ Date _____

By signing here _____, I understand that The Winning Inning is not responsible for playing time. This is left up to the discretion of each individual coach.