

PARENT PERMISSION SLIP  
RED LION RECREATION  
ACTIVITY: \_\_\_\_\_ FALL BASEBALL \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER ADULT IN CASE OF EMERGENCY \_\_\_\_\_  
PHONE \_\_\_\_\_

PLEASE LIST ANY ALLERGIES OR SPECIAL PROBLEMS WITH INSTRUCTIONS FOR  
CARE \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ABOVE MENTIONED ACTIVITY AND VOLUNTARILY WAIVE AND RELEASE THE RED LION RECREATION COMMISSION, AND MEMBER AREAS OF THE "RED LION AREA YOUTH BASEBALL PROGRAM" AND IT'S EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM DUE TO PERSONAL INJURY OR DAMAGE DURING ANY TIME ASSOCIATED WITH THIS ACTIVITY. I REALIZE THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. I REALIZE THE INJURY MAY BE SEVERE, INCLUDING FRACTURES, BRAIN INJURY, PARALYSIS, AND POSSIBLE DEATH. IN THE EVENT OF INJURY, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF MY ABSENCE.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE \_\_\_\_\_

SHIRT SIZE: (ADULT SIZES) SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

(YOUTH SIZES) MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

AGE GROUP: 8-9 \_\_\_\_\_ 10-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

INTERESTED IN SPONSORING A TEAM? YOUR HELP IS GREATLY APPRECIATED

COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

\$150.00 PER TEAM – COMPANY NAME ON ALL SHIRTS

NOTES: