



Information Form / Waiver

Parents / Guardians Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Best Contact Number for You (cell) Dad or Mom _____

Another Contact Number _____

Best Number to Text you on _____

Players / Child Name _____

Other family members that may be here for lessons, camps, etc.

I, the undersigned, hereby certify that I am the parent or legal guardian of the children listed above. I hereby give permission for the staff of the Thomas Hitting Academy to seek appropriate medical attention for the child and for the child to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I, the undersigned, for myself, my heirs, executors, and administrators, waive, release, and forever discharge Thomas Hitting Academy owners, staff, workers and anyone who is involved with Thomas Hitting Academy from all rights and claims for damages or loss to person which may be sustained or occur during participation in Thomas Hitting Academy activities or while being on the premises of the Thomas Hitting Academy facility, whether or not damages, injury, or loss is due to neglect.

Parent or Guardian Signature

Date

Parent or Guardian PRINTED name