



Last Name _____ First Name _____
 Address _____
 Phone _____ Sex (M or F) _____ Birth date _____
 Father's Name _____
 Home Phone _____ Work Phone _____
 Mother's Name _____
 Home Phone _____ Work Phone _____
 Physician's Name _____ Phone _____
 Allergies or Health Conditions _____

Emergency Contact (If parent or guardian can not be reached) _____
 Phone _____ Relationship to child _____

BATTING CAGE RULES

The undersigned parent or legal guardian of _____ "the registrant", has read and understands the rules of the batting cage. The undersigned parent or legal guardian has explained the rules to the Registrant and made sure they understand what is being conveyed by those rules. They will also explain that rules will be posted on the cage and that they may change. In the event the rules are changed, it is the responsibility of the Registrant to read and ask questions if they don't understand. The rules are meant for the safety of the Registrant and they may be expelled from using the batting cage if they don't adhere to them.

This release shall remain in effect for the duration of the seasonal year and shall be interpreted under Wis. law.

RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____ "the registrant", recognizes that the batting cage with pitching machine can be dangerous and that the Registrant may suffer temporary or permanent serious physical injury. With full knowledge of the above-referenced risks, and in consideration for the Kettle Moraine Recreation Association (KMRA), and pursuant to the recreational assumption of the risk statute, see 895.525 (4) Wis. Status, the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and /or otherwise indemnify KMRA and their respective coaches, staff, directors and officers to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of KMRA.

This release shall remain in effect for the duration of the seasonal year and shall be interpreted under Wis. law.

CONSENT FOR MEDICAL TREATMENT

With full knowledge of the risks of injury within the batting, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant for any injury or other medical emergency while at a practice or while traveling to or from any of those activities. All coaches and managers of my child's team; all officers and officials of the KMRA to which my child's team belongs. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This release shall remain in effect for the duration of the seasonal year and shall be interpreted under Wis. law. I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the KMRA to discuss any questions I had about the above release and content.

Signature of Parent of Legal Guardian _____ **Date** _____