



2003 NSYBA HIGH SCHOOL FALL BASEBALL WAIVER

PLAYER NAME

PARENT/GUARDIAN NAME(S)

ADDRESS

PARENT/GUARDIAN ADDRESS (if different)

CITY, STATE ZIP CODE

PARENT CITY, STATE ZIP CODE (if different)

PLAYER TELEPHONE

PARENT/GUARDIAN TELEPHONE (if different)

PLAYER EMAIL ADDRESS

PARENT/GUARDIAN EMAIL ADDRESS

EMERGENCY CONTACT NAME AND TELEPHONE

WAIVER OF LIABILITY: I give my approval and permission for _____
[Name of Player] to participate in the activities of the North Suburban Youth Baseball Association (NSYBA). I agree that he/she and I will follow all league and NSYBA rules of play and conduct. I understand that baseball is a sport which carries risks of injury, including collisions, tripping, or being hit by a ball or bat, and that protective equipment does not prevent all injuries to players. I hereby waive, release, indemnify, and hold harmless Evanston Township High School (ETHS) and the NSYBA, the organizers, sponsors, supervisors, participants, and persons transporting the Player to and from activities, and also ETHS and/or other entity on whose fields the participating teams and the above Player play baseball, from every and any claim arising out of any injury, whether the result of negligence or any other cause. I warrant that the above Player is my child and/or I am the legal guardian of the Player and that my child/ward and I understand the NSYBA rules of play and conduct and agree to follow them.

PARENT/GUARDIAN SIGN AND DATE

PLEASE RETURN THIS COMPLETED AND SIGNED WAIVER FORM TO YOUR COACH OR MAIL IT TO:

**TOM KENDALL
NSYBA FALL BALL REGISTRAR**