



Dickinson Baseball Club, Inc
2024 Signature Sheet

As a parent/guardian of a participating player, by my signature I hereby give my permission for him/her to participate in the 2024 Dickinson Baseball Club, Inc. program and release the City of Dickinson, Dickinson Baseball Club, Inc., Dickinson Park and Recreation District and all those associated with this program from any liability for injuries which may occur to the said player while participating in this program.

My signature states as a player and parent/guardian, I have read, understand and agree to follow the **Code of Ethics** provided by the Dickinson Baseball Club, Inc. program as listed in the Registration packet.

My signature states as a player or parent/guardian I have read, understand, and agree to follow the **Substance Abuse Policy** provided by the Dickinson Baseball Club, Inc. program as listed in the Substance Abuse policy and the Registration packet.

Printed name of player _____

Signature of player _____ Date _____

Printed name of parent/guardian _____

Signature of parent _____ Date _____

Signature of parent _____ Date _____

Guardian _____ Date _____