

# Owatonna VFW - Legion Baseball

(Return this entire page with registration)

## PLAYER INFO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent/Guardian: Please Read the following and sign below.

*I, the parent/guardian of the player named above, hereby grant permission, in case of injury, for our son/daughter to be given emergency first aid, at the Owatonna hospital or nearest medical facility. I further approve of our son/daughter's participation in this Youth Baseball activity, assume all responsibility and liability involved and agree to hold free from any and all liability the City of Owatonna and its employees, any Owatonna Private, Public, or Parochial School System, and the Huskies Bullpen Club, its officers, directors, supervisors, managers, coaches, volunteers, or representatives. I understand that the Huskies Bullpen Club carries or provides no insurance of any kind.*

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Ph \_\_\_\_\_

Cell Ph \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VFW-Legion

\_\_\_\_\_ VFW 9 & 10 = \$375

\_\_\_\_\_ Legion \$375

**Checks will NOT be cashed  
until the last week of May.**

**VFW Checks should be made  
to Owatonna VFW.**

**Legion Checks should be  
made to the Huskies Bullpen  
Club.**