

# LINDENWOOD CHRISTIAN CHURCH

## Baseball/Softball Registration Form

Practice: Lindenwood Life Center

Cost: \$75

This form is for students in 5th-8th grade.

Registration Forms Due By February 9, 2018

\*Practice dates and times will be announced once teams are formed.

Make checks payable to Lindenwood Christian Church and bring to the Life Center

2400 Union Ave. Memphis, TN 38112

Questions: Please contact Ms. Kristen Lamer at (901)327-5433 or [klamer@lindenwoodcc.org](mailto:klamer@lindenwoodcc.org)

Child's Name \_\_\_\_\_ MALE/FEMALE D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent(s) Email \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Any medical conditions we should know about: \_\_\_\_\_

OUR PROGRAMS RELY ON VOLUNTEERS—WILL YOU HELP?

COACH  SCOREKEEPER/CLOCK  TEAM PARENT

ASST. COACH  MAKE PHONE CALLS

Uniform Size:  YM  YL  AS  AM  AL  AXL  XXL

I grant permission for my child, \_\_\_\_\_, to participate in this program. I hereby release and discharge Lindenwood Christian Church, its authorized representatives, staff, and volunteers from all liabilities, of any kind and character upon any claim, demand, or cause of action which might be asserted on the behalf of said applicant against church, staff, or volunteers. Furthermore, in the event of an accident or illness, I hereby grant permission to said staff or representatives to administer first aid and/or take applicant to the nearest medical facilities for treatment. I accept full financial responsibility for any financial obligations concerning this matter. I understand that I am responsible for insurance coverage for my child. I also understand that Lindenwood's insurance does not cover insurance for sports.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_