

TOM BROWN'S ROOKIE LEAGUE

P.O. BOX 522 SALISBURY, MD 21803-0522

Complex: 27981 Nanticoke Road, Salisbury

Ph: (410) 548-2668 Fax: (410) 548-1135

E-Mail: playball@intercom.net

APPLICATION

DATE: _____ HOME PHONE: _____

Fax: _____ E-Mail: _____

PLAYER'S NAME: _____ AGE ___ M ___ F ___ BIRTHDATE _____

ADDRESS: _____ CITY _____ ZIP _____

MOTHER'S NAME: _____ EMPL _____ PH# _____

FATHER'S NAME: _____ EMPL _____ PH# _____

STUDENT'S SCHOOL: _____ GRADE _____

Please check the sport(s) for which you are registering:

FALL BASKETBALL _____ WINTER BASKETBALL _____

BASEBALL-PITCHING MACHINE: Spring _____ Summer _____

BASEBALL-"LIVE PITCHING"- "FENWAY PARK BASEBALL": Spring _____ Summer _____

FLAG FOOBALL: SPRING _____ FALL _____

SOCCER: SPRING _____ FALL _____

GOLF: _____

Your signature is required on the Disclaimer before the student will be allowed to participate in the programs.

DISCLAIMER

My signature below signifies that I have read, understand and agree to the terms of participation in the Rookie League that are listed below:

I/We, the Parents or Guardians of the named Player know that participation in Basketball, Baseball, Soccer, Flag Football or any sport may result in serious injuries and protective equipment does not prevent all injuries to players:

I/We agree that I/We will have no claim against Tom Brown’s Rookie League, Coaches, Referees, Organizers, Supervisors and or Participants for any losses or injuries my Child/Ward may sustain while participating in any of the programs;

I/We are aware that Tom Brown’s Rookie League DOES NOT carry hospitalization and/or accident type insurance on any of the players, coaches or any other persons engaged in any manner in the sports programs.

I will furnish a Birth Certificate with this Application.

I give my permission, free of charge for filming any events that include my son, daughter or ward. I understand that filming may be used commercially and I give up all of my rights and the rights of my heirs or assigns to receive compensation of any kind pertaining to such filming.

List physical or mental limitations the registered student has:

Refund Policy: Up to the day the program starts, eighty percent of your payment may be refunded if requested.

MY SIGNATURE: _____