



Gloucester Township Field of Dreams 2017 PLAYER REGISTRATION FORM

Player's Name M/F Birth Date Age

Street Address City State Zip

Parent / Guardian (if applicable) Home Phone

Email Address Cell Number

Player Uses:
Wheelchair ___ Walker ___ Crutches ___ Stroller ___ None ___ Other _____

Is Player Visually Impaired? Yes ___ No ___ Legally Blind ___

Player's Shirt Size (please circle one): Youth: S M L Adult: S M L XL XXL 3XL

Hat Size (please circle one): Youth Adult Don't Want One

Please make checks or money orders payable to: **Gloucester Township Field of Dreams**

Mail check and form to: **Gloucester Township Field of Dreams**
80 Broadacres Dr.
Clementon, NJ 08021

For additional information please
call: (856) 435-5734 or email bfagan@glotwp.com

Visit our website at <http://www.glotwp.com>

- For Office Use Only -

Application Date: _____ Signed Liability Release: _____

League Age: _____ Team Assignment: _____ Jersey #: _____



Gloucester Township Field of Dreams 2017 PLAYER RELEASE FORM

Player's Name

Age

Street Address

City

State

Zip

Phone

Email

In consideration for the Gloucester Township Field of Dreams providing the opportunity for my child to participate in Gloucester Township Field of Dreams baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Gloucester Township Field of Dreams and its officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Gloucester Township Field of Dreams baseball or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Gloucester Township Field of Dreams games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities.

I agree to provide my child's specific medical information to the Gloucester Township Field of Dreams so that appropriate precautions and care can be provided to my child during sanctioned games and activities. I/We agree to be present at all games and activities so that I/We can manage our child's specific needs. I agree to have any and all medication (prescription and nonprescription) for my child and shall be solely responsible for dispensing any such medication to my child.

Parent/Guardian Signature

Date

I/We understand that there will be media and promotional coverage of Gloucester Township Field of Dreams Games and activities and I/We give our consent to publish my/our child's name and picture for such purposes. I hereby grant the Gloucester Township Field of Dreams, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members, including my Gloucester Township Field of Dreams player/child. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing identifiable representation of me (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Gloucester Township Field of Dreams. I hereby release and forever discharge The Gloucester Township Field of Dreams from any and all liability and damages relating to my name, voice, likeness or any identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself, my family, including my Gloucester Township

Field of Dreams player/child. I have agreed to the above in consideration of the opportunity given to me by the Gloucester Township Field of Dreams to appear in these materials.

Parent/Guardian Signature _____ **Date** _____