

City of Temple Terrace Leisure Services Department Parks and Recreation Division
6610 E. Whiteway Dr. Temple Terrace, FL 33617 - (813) 506-6600 – Fax (813) 506-6611
Buddy Baseball League Permission, Waiver and Release
Coach and Volunteer Application
www.buddybaseball.org
Player and Buddy Registration

Name: _____ Name for Jersey _____ School _____
 Shirt Size YS YM YL AS AM AL AXL Uniform # _____ or _____
 Address: _____ City: _____ Zip: _____
 Date of Birth: _____ Age: _____ Gender: Male or Female

Please check one of the following:
 _____ Player - \$45.00 Payable by cash, check to City of Temple Terrace or credit card (MasterCard/Visa)
 _____ Buddy – No Charge
 _____ Team Sponsor - \$250.00 – Check payable to Buddy Baseball Inc. Sponsor Name: _____

Parent/Guardian's Name: _____ Email: _____
 Phone: Home # _____ Cell # _____ Work # _____ Ext. _____
 Address: _____ City: _____ Zip: _____

Volunteer Registration

Name: _____
 Address: _____ City: _____ Zip: _____
 Date of Birth: _____ Age: _____ Email: _____
 Phone: Home # _____ Cell # _____ Work # _____

Volunteer Capacity:

Coach: Drivers License: _____ Social Security # _____
 Umpire: Other, please specify _____

FIT TO PARTICIPATE: I certify that PARTICIPANT is in good health and of sound body that warrants full participation in the Program and as outlined by the City of Temple Terrace Leisure Services Department Parks and Recreation Division. I certify that PARTICIPANT has had no known recent exposure to a contagious disease, and has no serious illness or injury which would restrict their participation in the Program. (PARTICIPANTS are encouraged to notify Program Supervisor in writing, of their known medical conditions or current medications, in the event that professional emergency care is required.)

PERMISSION TO PARTICIPATE: I accept full responsibility for PARTICIPANT to engage in the elected Program(s) as offered by the Parks and Recreation Division. I understand the nature of the Program, its activities, the dates and hours the Program operates, and fees. I understand that the structure of the Program does not allow minor child PARTICIPANTS to enter or leave the Program site unless accompanied by their parent, guardian or other authorized person listed above, unless a signed note from parent or legal guardian authorizing other permission is presented to staff and is verified.

WAIVER OF LIABILITY: In consideration of the covenants herein contained, I acknowledge that the elected Program or activity may involve physical exertion and contact which may result in injury. I assume all risks incidental to such participation including any risk or hazard in transportation to and from activities and/or school. I hereby waive, release, absolve, and hold harmless the City of Temple Terrace, its employees and elected officials, activity organizers, sponsors, participants and volunteers, for any loss, damage or injury of any nature whatsoever to person or property, and from any claims which arise from participating in any activity associated directly or indirectly with the Program. I further agree that any medical costs resulting from any such injury will be borne by the undersigned.

PHOTOGRAPH, VIDEOTAPE RELEASE: I agree that the Parks and Recreation Division may take photographs or video of PARTICIPANT during Program activities, and that the Parks and Recreation Division may release PARTICIPANT'S name along with their picture for publication in newspapers, program brochures or fliers. I also agree that the Parks and Recreation Division may use video tape of PARTICIPANT for public relations presentations.

 Signature of Parent/Guardian of Minor Child PARTICIPANT or Volunteer Date: _____

Printed Name: _____ Relationship to Child: _____

Buddy Baseball

Player and Buddy Information

Name:	Birth Date:	Age:
Parent Name:	Parent Email:	
Player/Buddy Email:	School :	
Home Phone:	Cell Phone:	

I AM A PLAYER and I can't wait to play!
 My developmental disability is:
 Mild Moderate Severe

I am not available on these dates:

I need help with:

- Running
- Batting
- Catching
- Throwing
- Paying Attention
- Taking Turns
- Staying in my position
- I use a wheelchair
- Other _____

My disability is: _____
 My height is: _____
 I know someone else who would like to play. Please contact me.
 I would like my friend and I to be on the same team if possible. My friend's name is: _____
 Something I would like you to know about me: _____

I AM A BUDDY!

I am not available on these dates:

I am familiar with a special needs person:
 Yes No

That person's disability is: _____
 My height is: _____

Please check all that apply:
 I know someone else who would like to be a Buddy. Please contact me.
 I would like my friend and I to be on the same team if possible. My friend's name is: _____
 Something I would like you to know about me: _____

