2015
FAIRMONT RECREATION
RELEASE FORM

T-Ball Player Application

Name: _____
First Middle Last

Address: _____
Road or Street (No Post Office or PO Box)

City: _____ State: _____Zip_____

Parent/Guardian: _____

Home : _____ Work : _____ Cell: _____

Age: _____ Date of Birth: _____

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I release Fairmont Recreation/The Town of Fairmont/Fairmont Civitans from liability in case of accident or injury. I understand that I will be participating at my own risk and at the risk of my child.

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Parent/Guardian Signature: _____ Date: _____

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FOR OFFICIAL USE ONLY

Fee Paid: Yes _____ No _____ (2015 Fee $20.00)

OFFICIAL VERIFICATION BY: _____

Shirt Size: Small _____ Medium _____ Large _____

Extra Large _____