

Player Information - Pleas	se Print Legibly	Registratio	n #	
Last:	First:		Phone:	
Address:	City:	State:		Zip Code:
Date of Birth:	Age:		Grade:	
Height:	Weight:	Primary Position:		
High School:		High School Coach:		
Club(s) Played For:		Club Coach:		

Parents Information

Father/Guardian Name:	Mother/Guardian Name:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Person to notify in emergency	Telephone
List any medical condition or allergies	
Primary Physician	Telephone

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER: I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for injury based on information provided herein. I hereby authorize emergency transportation of the applicant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with baseball, and hereby release, discharge, and otherwise indemnify Grand Tournament Elites (GTE), their sponsors and employees and associated personnel of these organizations, against any claim by or on behalf of the baseball player named above as a result of the player's participation in the GTE baseball program and/or being transported to or from the same, which transportation I hereby authorize.

Signature Date

GRAND TOURNAMENT ELITES RELEASE: I, the parent/guardian of the above named child for a position on a Grand Tournament Elites team, I agree that the registrant and I will abide by the rules of (GTE). I hereby agree that GTE, its members, coaches, staff or officers shall not be held liable for any injury or loss which my child may sustain while participating in activities sponsored by or under the supervision of GTE, and I agree to indemnify and hold harmless GTE, its members, coaches, officers and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim whatsoever.

Signature Date