

# City of Delphos Parks & Recreation Department

## Girls 2-3-4 League Waiver

I, \_\_\_\_\_ (please print parent or guardian of the player named below), hereby give my approval for him/her to participate in any and all of the activities of the Girls 2-3-4 League during the current season. I assume all risks and hazards incidental to the conduct of the activities. I assume the responsibilities of transportation to and from the activities. I do further release, absolve and hold harmless the City of Delphos, the Board of Control, the Organizers, sponsors, supervisors, or any one else involved with the League.

\_\_\_\_\_  
Signature of Parent or Guardian

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> Grade: \_\_\_\_\_  
(as of current school year)

Are you willing to help coach if needed \_\_\_\_\_

### Emergency Information

Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Family Dentist:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: Youth Medium(10-12) Large(14-16)  
Adult Small Medium Large X-Large

Amount Paid: \_\_\_\_\_ (Make check payable to Delphos Little League Association)

Date: \_\_\_\_\_ \$30.00 1 child \$50.00 max family