



LLRIB Rookie Baseball League: Student Registration Form

Youth Information

Name: _____ School: _____

Date of Birth: _____ Phone: _____

Address: _____ Town: _____

Postal Code: _____

Health Number: _____



Any allergies/health conditions or previous injuries we should be aware of?

**Lac La Ronge
Indian Band**

Emergency Contact Info

Contact #1: Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Contact #2: Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

I give permission for my son/daughter _____, to take part in all aspects of the LLRIB Rookie Baseball program. In signing this form, I acknowledge the element of risk information noted on Page 2.

Date

Parent/Guardian Signature



LLRIB Rookie Baseball League: Release Form

Release

I, on behalf of my son or daughter, release and forever discharge Jays Care Foundation and Grand Falls Minor Baseball and their respective officers, employees, representatives, agents and volunteers (collectively, the “Released Parties”) from and against any and all claims, liabilities, obligations, promises, agreements, disputes, demands and damages of any nature and kind, known or unknown, which I or my son or daughter may have or claim to have against any of the Released Parties arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of participation in the LLRIB Rookie Baseball League.

By permitting my son or daughter to participate in the LLRIB Rookie Baseball League Program, I hereby consent on behalf of my son or daughter to photo or video images being taken of my son or daughter by Jays Care Foundation or school staff during this activity, to be used in Jays Care Foundation, school publications, websites and social media platforms.

Date

Parent/Guardian Signature

Thank you for your interest in having your child participate in the LLRIB Rookie Baseball League! If you have any questions, please contact your LLRIB Rookie League Coordinator:

Name: Alannah Ratt

Phone Number: (W) 306-425-4852 (C) 306-420-4057

Email Address: Alannah_Ratt_04@hotmail.com



**Lac La Ronge
Indian Band**

This form must be completed by July 1st in full for each student to participate in the LLRIB Rookie Baseball League