

Print Name:

Players Edge Baseball & Softball Academy 1160 Allanson Rd. • Mundelein, IL • 847-388-3545

www.playersedgebsa.com

Birthday Party Waiver Form
In order to participate in the activities, parents of all attendees must fill out COMPLETELY and LEGIBLY and bring with their child to the party

Parents N	ame: _							
Home Add	dress: _							
City:				Otala: 7'				
E-mail Ad	dress:_							
Home Phone: Cell Phone:								
		N.	Skill Level (check one)					
		Name	Age	Beginner	Intermediate	Advanced		
WAIVER AND RELEASE I hereby represent and warrant that I am the parent and/or legal guardian of,, a minor ("Participant"), hereby authorize the staff of Players Edge Baseball & Softball Academy, Full Count Enterprises LLC and Full Count Enterprises – Mundelein LLC (collectively Players Edge), its								
coaches and administrators, to act on my behalf, in accordance with the best judgment of said coaches and administrators in any emergency requiring medical attention for the Participant. In connection therewith, I further represent and warrant that I have no knowledge of any physical impairment that would keep Participant from participating in any of the Players Edge programs at any and all Players Edge program locations. In consideration of Players Edge considering and processing my application for Member to participate in the Players Edge programs, and potentially permitting said Member to participate in same, I, as the parent and/or legal guardian of the Member, hereby waive, release, and discharge the Players Edge and its officers, directors, employees, and agents (collectively "Representatives") from any and all liability in connection with the death, disability, personal injury, property damage, property theft, or any action of any kind whatsoever which may occur to said Member arising out of or in connection with his or her participation in any of the Players Edge programs, including, but not limited to, travel back and forth to such programs. In addition thereto, I further hereby agree to indemnify and hold harmless the Players Edge and its Representatives from any and all liabilities or claims made whatsoever which arise out of or are in connection with the Member's participation in the Players Edge programs.								
PARENT/LEC	GAL GUA	RDIAN /(MM/DD/	YYYY)					
Print Name:				gnature:				
Cut here								
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						<u> </u>		
staff of Players E coaches and adr attention for the Participant from In consideration said Member to I directors, employ property theft, or Players Edge pro harmless the Pla	Edge Baseba ministrators, Participant. participating of Players E poarticipate in yees, and ag any action ograms, incluyers Edge a	WAIVE WAIVE and that I am the parent and/or legal guardia all & Softball Academy, Full Count Enterprise to act on my behalf, in accordance with the In connection therewith, I further represent in any of the Players Edge programs at ar dige considering and processing my applic n same, I, as the parent and/or legal guardi gents (collectively "Representatives") from a of any kind whatsoever which may occur to uding, but not limited to, travel back and for and its Representatives from any and all lial e Players Edge programs.	an of,	ent of said coache that I have no kno yers Edge prograr iber to participate mber, hereby waiv sbility in connection r arising out of or pograms. In additio	, a minor ("Frises – Mundelein LLC (s and administrators in wledge of any physical n locations. in the Players Edge proe, release, and dischar; n with the death, disabil in connection with this on thereto, I further here!	any emergency requi impairment that would ograms, and potentiall ge the Players Edge a lity, personal injury, pi or her participation in a by agree to indemnify	dge), its ring medical d keep y permitting and its officers, operty damage, any of the and hold	
PARENT/LEC Date:	GAL GUA	RDIAN / / (MM/DD/	YYYY)					

Signature: