



# HUNTER PENCE

## BASEBALL ACADEMY

### REGISTRATION FORM

Participants Name: \_\_\_\_\_

Current Age: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Level Played: FRIEND | SELECT | ELITE | PREMIER

Last Age Level Played: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

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

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

Emergency Contact: \_\_\_\_\_

I, \_\_\_\_\_, hereby give consent for my child \_\_\_\_\_ to participate in baseball practices at the Hunter Pence Baseball Academy. I understand that injuries can occur during the participation of any sport. I hereby release and agree to hold harmless the Hunter Pence Baseball Academy, Texas Players, Hunter Pence, and all other instructors practicing at the Hunter Pence Baseball Academy for damages, personal injuries or otherwise to my child.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_