

City of Clayton
Parks and Recreation Department
Youth Baseball Team Roster

School Name: Jewish Community Center Grade: _____

Coach Name: _____ Phone: _____

Address: _____

Street

City

State

Zip

My family and I hereby waive and release the City of Clayton and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at a City of Clayton sponsored activity. I have read and understand the registration and refund policies. Registration is invalid without signature. I also agree, as a participant or a parent of a minor participant, to grant full permission to the City of Clayton to use my name, photograph, videotape or recording for promotional purposes without obligation or liability to me or my family.

Name/Signature	Address & Zip	Phone	R	NR
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2.				
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Submit to: Center of Clayton, Youth Baseball League, 50 Gay Avenue, Clayton, MO 63105

Due no later than March 29, 2017