



The Sandlot Baseball and Softball Academy of South Jersey
368 Berlin-Cross Keys Road  Sicklerville, NJ 08081  856-719-0111

Team Workout Registration Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Email: _____

Emergency Contact Number: _____

Team Name: _____

Parental Authorization

I hereby authorize the staff at the Sandlot Baseball Academy to act in their best judgment in any emergency situation requiring medical attention. I agree to waive and release the Sandlot Baseball Academy and its staff from any and all liability for any injuries, losses or damages while attending a Sandlot Baseball Academy Clinic, Lesson, or Program. I further state that the participant listed above is physically able to participate in the above listed clinic, lesson or program.

Signature Parent/Guardian: _____ Date: _____