

## **Activities League BUDDY Form**

Name:	Date of Birth:
Address:	Home Phone:
Place of Employment: When is the best time to reach you by phon May we call you at work? [ ] Yes [ ] No	Work Phone: e?
	s [ ] No E-mail address:
	hone: Relationship:
Physician:	Phone:
Hospital Preference: 1.	Phone:
	Phone:
Insurance Company:	Policy #: Medicare:

## Please read the rules and guidelines carefully and then sign and date this document on the line specified.

- 1. If the player can get the ball let them do so.
- 2. Remind the player to roll the ball in rather than throw it.
- 3. Buddies may get the ball only if the player is unable to.
- 4. Always show respect for the coach and especially your player.
- 5. Remember <u>YOU</u> are an example to your player and our league.
- 6. We appreciate your commitment to our league and to your player.

## GOALS

- 1. To ensure that all children are as safe as possible at all times.
- 2. To let the players play the game with as little assistance as possible.
- 3. To be fair to everyone.
- 4. To have FUN.

I do hereby release the city of Hickory and all Parks and Recreation Staff and their families from any and all claims, damages, or rights of action which my child may at any time have against said city and all such Parks and Recreation Staff members by reason of injury or damage of any type whatsoever which my child may suffer while engaging in the t-ball season. This release is valid during the current t-ball season and will be renewed each year. I release the sponsors, organizers or any of the supervisors appointed by them of any or all liability.

I have read the rules and goals that have been established by Walkin' Roll Activities League, Inc. I will adhere to these guidelines and I will do my best to be an example, to play fair and have fun.

Print Your Name Here: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: