



Poarch Creek Indians
Wellness & Activities Department



2010 Baseball League Application

First Name:	Last Name:	
Address:		
City:	State:	Zip:
Contact Number:	Age & DOB:	
Parent's Name:		
Contact Number:		
Emergency Contact & Number:		
Shirt Size: _____ Pant Size: _____		
<p>I hereby release and waive liability and indemnity for death or bodily injury occurring while participating in Recreation Programs/Events, and/or Event/Activity on or off Tribal property. In consideration of being offered the opportunity to participate in the aforementioned activities. I, the undersigned, do hereby waive for myself, my estate, executor, heirs, or representatives any rights to claim for damages, incident of death, or any bodily injuries whatsoever that may result during the period of participation.</p> <p>This waiver and release shall apply likewise to each participant.</p> <p>This document release the Poarch Band of Creek Indians, the Tribal Council, Creek Indian Enterprises, Departments, Boards, Committees, all employees and volunteers, et. al. for the death or bodily injury to the undersigned or minors for whom I, the undersigned, am legally responsible.</p> <p>I further acknowledge that the Poarch Band of Creek Indians is a Federally Recognized Indian Tribe, an entity that is recognized as a sovereign government and is immune from suit.</p> <p>I have read the above statement and fully understand the intent and legal rights I have waived.</p> <p>Parent/Legal Guardian's Signature: _____ Date: _____</p>		

Registration Fee: \$35.00		
To be filled out by W&A Staff:	Amount Paid:	
	Check or Cash	
	Date:	
	Receipt Number:	

For more information contact the Wellness & Activities Department at
(251) 368-9136 Extensions 2246, 2248, 2256