



**REGISTRATION FORM AND RELEASE  
SPECIAL GAME DAY  
OPSU BASEBALL FIELD  
SUNDAY, OCTOBER 7, 2018**

Parent/guardian \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Player information:**

Child's name \_\_\_\_\_ Shirt size \_\_\_\_\_

Child's name \_\_\_\_\_ Shirt size \_\_\_\_\_

Child's name \_\_\_\_\_ Shirt size \_\_\_\_\_

Child's name \_\_\_\_\_ Shirt size \_\_\_\_\_

I (parent/guardian) of registered players above do hereby release all liability and consequence to all partners and sponsors of The Special Game Day event. I hereby authorize participation and photo release to any and all entities involved.

Name \_\_\_\_\_ Date \_\_\_\_\_