



REGISTRATION FORM AND RELEASE
SPECIAL GAME DAY
OPSU BASEBALL FIELD
SUNDAY, OCTOBER 8TH, 2017

Parent/guardian_____

Contact number_____

e-mail address_____

Player information:

Child's name_____Age_____

School_____Shirt size_____

Child's name_____Age_____

School_____Shirt size_____

*** Please complete back of form for detailed player information**

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_____

Detailed player information:

Please provide information so we can accommodate for each child to have the best experience....

Please circle all that apply

Autism Developmental Delay Physical Disability

Mental Health Vision Issues Hearing Impaired

Speech impaired Foster/Adopt Child No diagnosis

Degree of impairment: Mild Moderate Severe

Equipment used: W/C Walker Crutches Other

Additional notes: _____

Sibling information:

Name _____ Age _____ shirt size _____

Name _____ Age _____ shirt size _____

Name _____ Age _____ shirt size _____

Name _____ Age _____ shirt size _____