



Uptown Inner-City League

Specializing in Saving Lives...

PLACE
PHOTO
HERE

Established 1990

Website: uiclbaseball.com

24 Years of Community Service

email: nyangelsbaseball@gmail.com

Participant Information

Name _____ Age _____ DOB _____ / _____ / _____ School _____

Home Address _____

Email _____@_____.com
Home Phone () _____ - _____
Cell Phone () _____ - _____

Emergency Contact Information

Emergency Contact Name (1) _____
Contact Phone () _____ - _____
Is Emergency Contact over the age of 18? Yes _____ / No _____

Relationship _____
Email _____@_____.com

Emergency Contact Name (2) _____
Contact Phone () _____ - _____
Is Emergency Contact over the age of 18? Yes _____ / No _____

Relationship _____
Email _____@_____.com

UICL USE ONLY

TEAM _____

PAID _____

Parent / Guardian Consent Form

I am the parent / guardian of _____. I hereby give my consent for this child named above to participate in Uptown Inner-City League season (and all activities). This consent covers games and other associated activities with Uptown Inner-City League. I also agree that in case of injury I will not hold Uptown Inner-City League, its officials, employees, sponsors or volunteers responsible.

I also certify that the child named above is in good physical health based upon a licensed physician within the past year and was cleared by that physician to participant in strenuous physical activities such as sports.

Parent / Guardian (print) _____ Parent / Guardian (signature) _____ Date: _____ / _____ / _____

Internet Disclaimer

Uptown Inner-City League is now on the web! You can check out at uiclbaseball.com

This website will consistently be updated with game stats, game photos and game outcomes. Our participants are all under 18 of age and need parental consent for their names or images posted on our website. By signing below you are giving full consent to allow your child's name or image to be played on our website. You have the right to disagree and has no effect on the participant.

Parent Signature _____

Date: _____ / _____ / _____



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Informacion de Participante

Nombre _____ Edad _____ DOB _____ / _____ / _____ Escuela _____

Direccio _____ Correo Electronico _____@_____.com

Telefono () _____ - _____

Celular () _____ - _____

Informacion de Emergencia de Contacto

Nombre (1) _____ Relacion _____
Telefono () _____ - _____ Correo Electronico _____@_____.com
Es mayor de edad el contacto de emergencia? Si _____ / No _____

Nombre (2) _____ Relacion _____
Telefono () _____ - _____ Correo Electronico _____@_____.com
Es mayor de edad el contacto de emergencia? Si _____ / No _____

Consentimiento de Padre / Tutor

Yo soy el Padre / Tutor de _____. Yo le doy permiso a mi hijo (a) que participe en la temporada de Uptown Inner-City League. Yo tambien estoy de acuerdo que en caso de una herida. Yo no cojere Uptown Inner-City League y los oficiales responsable.

Padre / Tutor (print) _____ Padre / Tutor (firma) _____ fecha: _____ / _____ / _____

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Padre / Tutor (firma) _____ fecha: _____ / _____ / _____

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