



9100 Commerce Circle
Trafford, PA 15085
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www.allamericanbaseballcenter.com

Indoor Games Registration Form

Event Name/Date(s): _____

Event Cost Per Team: _____

Team Name: _____

Age Group: _____

Community Association: _____

Coach Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Liability Release (to be signed by a parent/guardian of players): SEE BELOW

I agree, acknowledge and understand the nature of indoor baseball and softball activities, and my child is of good health and physical condition to participate in such activities.

I fully accept and assume all possible risks and all responsibilities for losses, costs, and damages that may incur as a result of my child's participation in these activities.

I hereby waive and release for myself, my child, their heirs, executors, and administrators, any claim we may have for damages against All American Baseball Center that resulted in my child's participation of the activity.

