# SCSNS

SMITH COUNTY SPECIAL NEEDS SPORTS

Player:_____ Age:_____

Parent:_____ Phone:_____

Address:_____

Type of disability:_____

Wheelchair: YES NO

Athlete has medical insurance? YES NO

Athlete may be photographed and the photograph may be used in any advertising, newspaper, and other media. YES NO

Athlete is registering for: Bowling Flag Football Cheerleading

I/We the parents of the above named candidate for a position on a special needs baseball team, hereby give my/our approval to participate in any and all special needs baseball activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the special needs baseball organizers, sponsors, coaches, board members, participants, and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or any other cause.

Parent Signature:_____ Date:_____

**DO NOT WRITE BELOW THIS LINE**

---

Team Assigned To:_____

$25.00 Fee Paid: Bowling Not applicable

Flag Football Yes No

Cheerleading Yes No