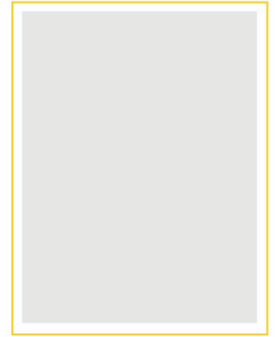




 Saint Anthony Compound Zone 7, Reyes St., Carig Norte, Tuguegarao City Cagayan 3500

 0915764 3711  info@tishasports.com  www.tishasports.com



REGISTRATION FORM

Date: _____

Name of Sports: Baseball Softball Swimming Taekwondo

PERSONAL INFORMATION

Players Name		Players Last Name	
Gender	<input type="radio"/> Male <input type="radio"/> Female		
Date of Birth		Place of Birth	
Father's Name		Mother's Name	
Nationality		Religion	
Player's Shirt Size	<input type="radio"/> XS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL		
Primary Contact			
Primary Phone #:		Primary Email Address	

CONTACT DETAILS

Primary Residence Address:			
City		Email Address:	
Secondary Contact Person:			
Secondary Contact Number:			

Applicant Signature Here

Validated By



 Saint Anthony Compound Zone 7, Reyes St., Carig Norte, Tuguegarao City Cagayan 3500

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Please note any medical condition/allergies/required medications, etc. we should be aware of:

Acknowledgement: Participation in any baseball at TISHA Baseball Field (Saint Anthony Compound Zone 7 Reyes St., Carig Norte, Tuguegarao City Cagayan 3500) is solely at the players' own risk. TISHA Sports and all its Board of Directors, Managers, Coaches or any other volunteer acting on behalf of, and permission of TISHA Sports assume no responsibility for any injuries incurred from any activity at TISHA Baseball Field (Saint Anthony Compound Zone 7 Reyes St., Carig Norte, Tuguegarao City Cagayan 3500). Parking anywhere at TISHA Baseball field is solely at your own risk. TISHA Sports assume no responsibility for any damage to any vehicle from any activity at TISHA Baseball Field (Saint Anthony Compound Zone 7 Reyes St., Carig Norte, Tuguegarao City Cagayan 3500).

Waiver of Liability and Medical Consent: In consideration of acceptance to participate, (I) (We), hereby for myself, my heirs, executors and administrators agree to waive, release, absolve, indemnify and hold harmless TISHA Sports TISHA Sports and all its Board of Directors, Managers, Coaches, Supervisors, Employees, or any other volunteer acting on behalf of, and permission of TISHA Sports for any and all claims arising out of an injury to my child while participating in activities relating to his/her participation in TISHA Sports. My signature below authorizes a representative of TISHA Sports to obtain medical treatment for my child, if necessary, in the event I cannot be reached.

As legal guardian of (Enter Player's Full Name)*

Electronic Consent* I agree to the above Electronic Signature* Please enter your name in recognition of your agreement to the above

PARENTAL/GUARDIAN FULL NAME*

Applicant Signature Here

Validated By