

**Gladstone Recreation Department
T-Ball PERMISSION SLIP**

NAME: _____ AGE: _____

ADDRESS: _____ PHONE: _____

CITY: _____

Where parents can be reached in an emergency: _____

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Any medical problems that should be brought to the recreation departments attention: _____

I Hereby give my permission for my son or daughter _____ to participate in the Gladstone Recreation Department summer T-Ball program.

The undersigned parent and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to the fullest extent permitted by law to save, hold harmless and indemnify the City of Gladstone, their elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death, which may be imposed upon or incurred by the City of Gladstone because of the participation of the minor in this event. By signing below, you also agree to release said parties in this regard on behalf of both the minor and the parents or legal guardian.

Parent or Guardian Signature *Date*

Note: There is a fee of \$16.00 resident \$19.00 non-resident due at time of registration.

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