

# Field of Friends

## Special Needs Baseball League

### Volunteer Registration Form

Please check Facebook for any information on rainouts/cancellations.  
Please contact Debbe Welch at [debbe.welch@shelteringtree.org](mailto:debbe.welch@shelteringtree.org) or 731-727-4428 if you are unable to attend any of the games.

Name of Volunteer: \_\_\_\_\_

Name of Guardian or Parents: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (best one to be used to contact about  
rainouts/rescheduled games \_\_\_\_\_ Can we  
text? Yes or No

Second Number: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email (very important)

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**Please read and sign the release form for the Field of Friends Special Needs baseball games. This must be signed and returned to school in order for you or your child to volunteer.**

**Release and Indemnity**

I/We, the undersigned, acknowledge that we are the parent(s) or court appointed legal guardian(s) of \_\_\_\_\_, the entrant, who is a minor, and that said entrant will be participating in the youth sports programs of the City of Savannah’s Parks and Recreation Department, and Sheltering Tree Ranch, during the calendar year 2019 will do so at his/her own risk.

The undersigned, as parent(s) and/or court appointed legal guardian(s) of said minor entrant does/do hereby release and discharge the City of Savannah and Sheltering Tree Ranch its elected officials, its agents, its servants and employees, and all sponsors and volunteer personnel obtained or used by the above mentioned agencies for these youth sports programs, from any and all liabilities for damages, injury or illness to the entrant or his/her property during his/her participation during the calendar year 2019.

Further, the undersigned, as parent(s) or court appointed legal guardian(s) of said minor entrant do hereby agree to indemnify and hold harmless the City of Savannah and Sheltering Tree Ranch its elected officials, its agents, its servants and employees, and all sponsors and volunteer personnel from all liabilities for any damage, injury, or illness to the entrant or his/her property during his/her participation in all events related to these youth sports programs, which shall include indemnification for all damages awarded as well as all expenses incurred in the defense of any claim or action, including reasonable attorney’s fees, litigation costs, and court costs.

I grant permission to all of the foregoing to use photographs, motion picture recording or any other record of this event for legitimate purposes.

**Date:** \_\_\_\_\_

**Signature of Parents and/or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent and/or Legal Guardian:** \_\_\_\_\_

\* Return Form

Mail: P.O. Box 1656 Savannah, Tn. 38372

Email: [debbe.welch@shelteringtree.org](mailto:debbe.welch@shelteringtree.org)

Phone# 731-925-2922

Fax# 731-925-6851

