

Baseball/Softball Registration Form

Please Circle one: \$70.00-Minor 9-10yr olds \$70.00-Major 11-13yr olds

To play in Minors players must be 9 or 10 by May 10th

To play in Majors players must be 11, 12 or 13 by May 10th

General Information

Player Name _____ Gender _____

Parents Name _____

Address _____

Home Phone _____ Cell _____ Work _____

Township _____ Birth Date _____ Age _____

Email _____

Shirt Size: YS YM YL AS AM AL AXL

Pant Size: YS YM YL AS AM AL AXL

Parents are responsible for providing socks and or belt if necessary.

Sock are available at

Shoes & Moore 244-4882 and Running Around Screen Printing 248-1216.

Past Information

What League did your child play in last year? Please circle one: Lob Ball Minors Majors None

What position does/has your child played? _____

How many games did they pitch: 1-3 games 4-6 games 7 or more games not at all

How many games did they catch: 1-3 games 4-6 games 7 or more games not at all

Coaching

Would you like to volunteer as a head coach? YES or NO

Would you like to volunteer as an assist coach? YES or NO

If so, please fill out a criminal history background questionnaire.

Would you or someone you know be interested in sponsoring a team? YES or NO

Sponsorship of a Minor or Major Team - \$250.00

Business Name: _____

Address: _____

Contact Person: _____ Phone _____

Where/how could we get your logo for the uniforms? _____

What are your top three color choices would you like the uniforms?

1.) _____

2.) _____

3.) _____

For Sponsorship please check how you would like to pay:

____ Pay now ____ Invoice me

Name of Parent or Guardian (please print) _____

Signature _____ Date _____

Medical Release Form

Player Name _____ Date of Birth _____

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Family Physician _____

Address _____

Phone _____ Hospital Preference _____

In case of emergency contact:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Booster Shot: _____

Parent or Guardian Authorization

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Mr./Mrs./Ms.

Authorized Parent/Guardian Signature

*** Warning: Protective equipment can't prevent all injuries a player might receive while participating in the program.