



M T B M USTANGS

2011 Season Application



Player Information:

Name: _____ Age: (as of 9-1-10) _____

Birthdate: ____/____/____ Grade in school: _____

Hat Size: (circle one) Adult: S M L XL Youth: S M L XL

T-Shirt Size: (circle one) Adult: S M L XL XXL Youth: S M L XL

Family Information:

Parent Names: _____

Address: _____ City: _____ Zip: _____

Subdivision: _____ Are you interested in Car-pooling? Y / N

Phone: (H) _____ Cell: _____ W: _____

Email(s): _____ / _____ / _____

(Your email address(es) will be used by the Mustang organization to communicate important information from the coaches and staff. It will never be distributed to outside interests.)

Varsity/ JV only: Has your son played for any other Homeschool teams in the past 18 months? Y / N

If so, when and where: _____

NOTE: If you have not previously completed one – You MUST complete the attached Medical Release before participating in ANY Mustang activity – including tryouts.

For Office only: Birth Certificate: _____ New Player: _____ Medical Release: _____



MTB Mustangs

Christian Homeschool Baseball Association

"...whatever you do, do it all for the glory of God." 1 Corinthians 10:31



Medical & Liability Release

I (we), the undersigned, hereby grant permission for the player designated above ("Player") to participate in any and all activities associated with the MTB Mustangs, including, but not limited to, baseball conditioning, camp, tryouts, practices and games. I understand that protective equipment cannot prevent all injuries a player might receive while participating in sports activities. In case of emergency, if I am not immediately available, I hereby authorize Player to be treated by certified emergency personnel (including EMTs, Paramedics, First Responders, Emergency Room Physicians) and other certified medical professionals. I understand and agree that neither the director, board members, coaches, assistant coaches nor any others associated with the MTB Mustangs shall be held liable in any way for any injuries sustained by Player during MTB Mustangs activities, and on behalf of myself, my family and Player, I hereby waive all rights to any claim for damages against the aforementioned persons and release them from any liability, including such as might arise from negligence. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. This release/waiver shall be effective until 12/31/2011.

Parent Signatures: _____ Date: _____
_____ Date: _____

Known medical conditions/allergies:

Medications currently taking:

Known Drug Allergies:

Emergency Contact: *(to be used only if parents are unavailable - we always attempt to contact parents first)*

Name and Contact #: _____

Relationship: _____