

2009 Baseball/Softball Registration

Circle One:

Baseball Softball \$80 \$80

Player Name (First Midd	lle Last)					Gender: M F
Street Address					Zip C	Code
DOB:/	Age: Birth Certificate No					ST
	Shirt Youth: XS S M L Adult: S M L		Youth: XS	nts S M L XL S M L XL	<u>Hat</u> Youth Adult	
Please be sure to select to be ordered by the size YOu uniform sizes can be made house during player evaluations.	U select. Sizes vary, depe e through the last day of re	ending or gistration	n stock from ve n, Saturday, M	endors, we cann arch 7. We will	ot guarantee a	any item. Corrections to
Primary Parent/Guardia						
Home Phone	Work			Cell		
E-Mail						
Our League is Only as	strong as our Volunte	ers!				
Volunteer? (Circle One)	COACH	TEAM	PARENT	OTHER:		
Secondary Parent/Guar	dian Name					
Home Phone	Work			Cell		
E-Mail						
Our League is Only as	strong as our Volunte	ers!				
Volunteer? (Circle One)	COACH	TEAM	PARENT	OTHER:		
FOR MEDICAL TREATMENT As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.						
Signature of Parent/Guardian						
associated with sports a with Sports Programs a	ervices Department and and in consideration for nd activities. I, hereby rangers, their employees and any claim by or on behal	Huntsv the Hun release, nd asso f of the	rille Patriot Le tsville Patriot discharge an ciated person registrant as	ague. Recog League accept d/or otherwise anel, including a result of the	nizing the po oting the regi e indemnify the the owners of registrant's p	ssibility of physical injury strant injury associated he league, its affiliated of the facilities utilized for participation in the
Parent/Guardian:	Print	· · · · · · · · · · · · · · · · · · ·				
	Signature				Date	_
Paid amount:	Check#	Cash	receipt#		Received by:	