PUEBLO YOUTH BASEBALL AT RUNYON SPORTS COMPLEX

400 Stanton Pueblo, Co. 81003 719-583-6195 719-583-4895 (fax) (2015 season)

Email Address (Please write very clearly) Mother's Name Father's Name Person to Notify in Emergency Emergency Phone Cell Phone The you lined up on a team? Yes No Coach's Name Check the box below of the age division you wish to play (this advised that you play within your age level) DIVISIONS BORN AFTER FEE Out of Town Fee S & Under May 1, 2006 \$ 60.00 \$25	(player) Last Name	F	irst Name	Birth date (Mo, day, yr)		Age on May 1st	
Person to Notify in Emergency Emergency Phone Cell Phone Are you lined up on a team?	Mailing Address		City	Zip Code	Home Phone	Cell Phone	
Person to Notify in Emergency Emergency Phone Cell Phone	Email Address (Please write	very clearly)	Mother's Na	ime	Father's Name	 :	
Check the box below of the age division you wish to play (It is advised that you play within your age level) DIVISIONS BORN AFTER FEE Out of Town Fee	Person to Notify in Emergen	cy Eme	rgency Phone		hone		
DIVISIONS BORN AFTER FEE Out of Town Fee 8 & Under May 1, 2006 \$ 60.00 \$25	Are you lined up on a team?	YesNo	Coach's Name				
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9 & Under May 1, 2005 \$ 60.00 \$25					<u>e</u>		
10 & Under May 1, 2003 \$ 60.00 \$25		• '					
11 & Under May 1, 2003 \$ 60.00 \$25				\$25			
							
## Light School "JV" May 1, 1998 \$ 100.00 ## High School "JV" May 1, 1998 \$ 100.00 ## High School "V or A" Jan. 1, 1996 \$ 120.00 ## Team Loaf N' Jug May 1, 1996 \$ 120.00 ## Team Loaf N' Jug May 1, 1996 \$ 120.00 ## CONSENT OF EMERGENCY MEDICAL TREATMENT As a parent or legal guardian of this player, I hereby give consent for emergency / medical care or action deemed necessary by anyone press in order to insure the most immediate treatment possible until a licensed medical treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the life, limb, or well-being of the aforementioned player. All such care shall lidemed to be appropriate by me in order to insure the safety of all concerned. There are inherent risks of injury associated with baseball an hereby understand and agree not to hold Runyon Sports Complex or its staff liable for any occurrence of such injury. ## Do you have medical insurance Yes No ### Parent or Legal Guardian ## Date							
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X Player signature	X		Parent or leg	al guardian (must	sign)		
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