



2012 TRI-CITY BASEBALL

Registration Form

DIVISION	
<input type="checkbox"/> SHETLAND	<input type="checkbox"/> BRONCO
<input type="checkbox"/> PINTO	<input type="checkbox"/> PONY
<input type="checkbox"/> MUSTANG	

PLAYER INFORMATION (USE BIRTH CERTIFICATE NAMES ONLY)

Last Name	First	MI		
Street Address	Apartment/Unit #			
City	State	ZIP		
Home Phone ()	Age	Grade	School	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	month / day / year		Verified By:
Fathers Name	Home Phone ()	Work Phone ()		
Email Address	Cell Phone ()			
Mother's Name	Home Phone ()	Work Phone ()		
Email Address	Cell Phone ()			

<p style="text-align: center;">TRI-CITY BASEBALL IS 100% SUPPORTED BY VOLUNTEERS We ask for active participation of all parent(s) in our program. Check area(s) in which you will help.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Manager/Coach*</td> <td><input type="checkbox"/> Opening Day Meal/Concession</td> </tr> <tr> <td><input type="checkbox"/> Field Preparation</td> <td><input type="checkbox"/> Post Season Tournaments</td> </tr> <tr> <td><input type="checkbox"/> Fundraising</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>* Separate Application Required</p>	<input type="checkbox"/> Manager/Coach*	<input type="checkbox"/> Opening Day Meal/Concession	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Post Season Tournaments	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other	<p style="text-align: center;">UNIFORM INFORMATION</p> <p>Shirt size (check one) YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/></p> <p>HAT SIZE: YOUTH ADULT (circle one) (Shetland/Pinto) (Mustang/Bronco/Pony)</p>
<input type="checkbox"/> Manager/Coach*	<input type="checkbox"/> Opening Day Meal/Concession						
<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Post Season Tournaments						
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other						

NUMBER OF YEARS IN ORGANIZED BASEBALL _____	ORGANIZATION PLAYED FOR LAST SEASON _____
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SPECIAL REQUEST: _____ _____	SIBLINGS IN LEAGUE
	Name _____ AGE _____
	Name _____ AGE _____
	Name _____ AGE _____

<p>INDEMNITY I, the parent/legal guardian of the above named player, a minor, agree that the player and I will abide by the rules of Tri-City Baseball. Recognizing the possibility of physical injury associated with sports and in consideration for Tri-City Baseball, accepting the player for its sports program and activities, I hereby release, discharge and/or otherwise hold harmless and agree to indemnify Tri-City Baseball or any of its representatives, against any claim by or on behalf of the player as a result of the player's participation in this league. This indemnity inures to the heirs and successor guardian of the player.</p> <p>CONSENT FOR MEDICAL TREATMENT (MINOR) As the parent/legal guardian of the above named player, a minor, I hereby give consent for emergency medical care from any licensed physician, hospital or medical clinic; in the event parent/legal guardian cannot be contacted in person or by phone.</p> <p style="text-align: center;">_____ PLEASE PRINT NAME OF PARENT or LEGAL GUARDIAN</p> <p>SIGNATURE _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">LEAGUE USE ONLY</th> <th style="text-align: left;">REGISTRATION FEES</th> </tr> <tr> <td>Player Fee</td> <td>\$ _____</td> </tr> <tr> <td>Sibling Discount</td> <td>\$ _____</td> </tr> <tr> <td>Assessment..... (in lieu of Fundraiser)</td> <td>\$ _____</td> </tr> <tr> <td>Other.....</td> <td>\$ _____</td> </tr> <tr> <td>Total Amt. Rec'd.....</td> <td>\$ _____</td> </tr> <tr> <td>Cash _____</td> <td>Check Number _____</td> </tr> <tr> <td>Receipt Number _____</td> <td>Online Payment Verified by: _____</td> </tr> <tr> <td>Received By _____</td> <td></td> </tr> </table>	LEAGUE USE ONLY	REGISTRATION FEES	Player Fee	\$ _____	Sibling Discount	\$ _____	Assessment..... (in lieu of Fundraiser)	\$ _____	Other.....	\$ _____	Total Amt. Rec'd.....	\$ _____	Cash _____	Check Number _____	Receipt Number _____	Online Payment Verified by: _____	Received By _____	
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PERSON TO CONTACT IN EMERGENCY:	Phone Number ()
DOCTOR TO CONTACT IN EMERGENCY:	Phone number ()

MEDICAL CONDITIONS AND/OR ALLERGIES: _____