

LITTLE CHUTE BASEBALL CLUB 2012 REGISTRATION

Player's Name: _____ DOB: _____

Age as of *** April 30 ***: _____

Mother's Name: _____ Step Dad: _____

Address: _____

Phone: _____ Cell: _____

Mother's Email: _____

Father's Name: _____ Step Mom: _____

Address: _____

Phone: _____ Cell: _____

Father's Email: _____

Child Resides With: _____ Both Parents _____ Mother _____ Father

A \$25 LATE FEE WILL BE ADDED TO ALL REGISTRATIONS RECEIVED AFTER JANUARY 31, 2012

Age 7 or 8 as of April 30	_____ Cub	\$25 Residents
Age 9 or 10 as of April 30	_____ Rookie	\$45 Residents
Age 11 or 12 as of April 30	_____ Minor	\$45 Residents
Age 13 as of April 30	_____ Pony	\$65 Residents
Age 14 or 15 as of April 30	_____ Babe Ruth	\$65 Residents

ALL FAMILIES ARE REQUIRED TO PARTICIPATE IN FUNDRAISING SEE INFORMATION ATTACHED.

***** CHECKS COLLECTED WILL BE HELD UNTIL APRIL 1, 2012 *****

*** All players are drafted onto a team after evaluation day, we do NOT accept special requests to be put with a certain team/coach. Siblings may be put on the same team if requested***

WAIVER OF LIABILITY:

I/We, the parents/guardians of the above named child give my/our approval to participate in any and all Little Chute Baseball Club activities. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve and agree to hold harmless the Little Chute Baseball Club, sponsors, board members and participants from any claim arising out of any injury to my/our child.

Parent's Signature: _____ Date: _____

MEDICAL EMERGENCY INFORMATION:

Player's Name: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone#: _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Health Insurance Carrier: _____ Group #: _____

Preferred Hospital: _____

List of Medical Conditions/Allergies: _____

Emergency Contact (other than parent): _____

Relationship to Child: _____ Phone #: _____

As parent or legal guardian of the above named player, I hereby give permission for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to provide the life, limb or well-being of my dependent. My signature releases Little Chute Baseball Club from any and all liability as a result of accident or injury.

Parent's Signature: _____ Date: _____

I give my permission for the Little Chute Baseball Club to post pictures on its website as well as in the paper of my son/son's team.

_____ Yes _____ No

