

Struthers Baseball League

Shirt Sizes: Y/M Y/L A/S A/M A/L A/XL A/XXL (check one)

PLAYER'S INFORMATION (PLEASE PRINT)

NAME:		LEAGUE AGE:	
ADDRESS:		BIRTHDAY:	
CITY:		SCHOOL:	
ZIP:		MALE:	FEMALE :
HOME PHONE:			
TEAM NAME PLAYED ON LAST YEAR:			

PARENT'S INFORMATION

MOM'S NAME:		DAD'S NAME:	
HOME PHONE:		HOME PHONE:	
CELL PHONE:		CELL PHONE:	
DO YOU TEXT?:	YES NO	DO YOU TEXT?:	YES NO
OCCUPATION:		OCCUPATION:	
EMAIL ADDRESS:			

IN CASE OF EMERGENCY OR INJURY, AND IF PARENTS CANNOT BE CONTACTED, PLEASE CONTACT THE FOLLOWING:

RELATIVE/FRIEND:		PHONE:	
FAMILY DOCTOR:		PHONE:	
FAMILY DENTIST:		PHONE:	
PREFERRED HOSPITAL:			

KNOWN ALLERGIES, MEDICATIONS TAKEN, PHYSICAL IMPAIRMENTS, ETC., OF WHICH THE SBL, A PHYSICIAN, AND/OR MEDICAL PERSONNEL SHOULD KNOW ABOUT:

I hereby give approval for participation in any and all Struthers Baseball League, Incorporated activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a player become ill or injured while participating in league activities, whether on home or away fields, or when neither parent/guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Struthers Baseball League, Incorporated, any affiliated national or interaction leagues or associations, the organizers, sponsors, supervisors, participants, and persons transporting the player to and from activities for any claim arising out of injury to the player. I further agree to furnish proof of age documents (birth certificate) for the player upon request of league officials, and to return upon request any and all uniforms and other equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities.

Parent/Guardian Signature _____ Date _____

NOTE: Player will NOT be registered without Parent/Guardian signature

TOTAL PAID: _____ **CASH:** _____ **CHECK:** _____