

Player Information

Player Name: _____ Home Phone: () _____ - _____

Street Address: _____ Gender: **M** **F** D/O/B: ___/___/___

City/State/Zip: _____ e-mail address: _____

Division: **T-Ball (4-5) Pee Wee (5-6) Rookie Girls (7-9) Major Girls (10-12) Babe Ruth Girls (13-16)**
Rookie Boys (7-8) Minor Boys (9-10) Major Boys (11-12) Babe Ruth Boys (13-15) Sr Boys (16-18)

Is child affiliated with any League sponsor? No Yes Sponsor Name: _____

Parent / Guardian Information

Father/Guardian: _____ Work/Cell Number: _____

Mother/Guardian: _____ Work/Cell Number: _____

Medical / Emergency Information

Emer. Contact Name: _____ Phone: _____ - _____ Relation: _____

List any medical conditions:

Uniform Size

Shirt: **YS YM YL AS AM AL AXL AXXL** Hat: **Y A**

WAIVER OF LIABILITY AND DISCLAIMER

I/We, the parent/guardian of the above named candidate to participate on an Evans Youth Baseball team, hereby give my/our approval to participate in any and all League activities, including transportation to and from the activities. I/We know that participation in this activity may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Evans Youth Baseball, Babe Ruth Baseball, League Officials, members, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request any equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/we understand that information given on this form may be shared with league coaches and officials as necessary. If not already provided, I/we will furnish a certified birth certificate of the above named candidate to League Officials.

EMERGENCY MEDICAL AUTHORIZATION

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the managers, coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care by any qualified, licensed physician who is available.

Father's/Guardian's Signature: _____ Date _____ Mother's/Guardian's Signature: _____ Date _____

PARENT/GUARDIAN VOLUNTEER INTEREST:

Volunteer Name (A) _____ Volunteer Name (B) _____

Please indicate with 'A' and/or 'B' volunteer as identified in lines above

Concession Worker _____ Field Maintenance _____ Umpire _____ Manager _____ Coach _____

Team Mom/Dad _____ Fundraising Event Helper _____ Web Site _____ Other: _____

FOR OFFICIAL USE ONLY

check number _____ cash amt. _____ checked by _____ other _____ Proof of Birth Doc _____ State _____