

# BROOKVILLE BASEBALL CLUB

P.O. Box 127 Brookville, OH 45309

## PLAYER REGISTRATION FORM

PLAYER NAME:	BIRTH DATE:	PHONE:	CELL PHONE:
PARENT/GUARDIAN NAME:	ADDRESS/PHONE:		
ALTERNATE PARENT NAME:	ADDRESS/PHONE:		
E-MAIL:	Boys Age - June 1 2010 [   ]    Girls Age - January 1 2010 [   ]		
NEW PLAYER?   YES   NO	(   ) BASEBALL   (   ) SOFTBALL	YOUTH   YS,   YM,   YL	
Other Players in Family (include names/ages):		ADULT   S,   M,   L,   XL,   2X	

**GENERAL RELEASE FROM HARM:** I, the above named parent or guardian of the above named player, a minor, on behalf of him/her and his/her heirs, executors, or administrators, and assigns, hereby fully release and discharge the Brookville Baseball Club, its officers and board members, its leagues, managers, coaches, umpires, sponsors, and any other individual or business associated with the sponsoring, management, or operation of the Brookville Baseball Club, from all rights, claims and actions which said minor child or I may have at any future time against all those associated with the Brookville Baseball Club, arising as a result of the above named minor child's participation in any league or game, or activity associated with any game or league of the Brookville Baseball Club.

This release is given with full understanding of the potential for injury and/or harm which can occur to any minor child participating in any form of athletic endeavor and/or in competition with minors, and is given freely and voluntarily with full understanding of the implications therein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

### TRANSPORTATION PERMISSION AND MEDICAL RELEASE FORM

The written authorization of a parent or legal guardian is required for the transportation of your child to and from a Brookville Baseball Club game or other activity if you are unable to provide transportation. This form gives the BBC, its Managers and Coaches consent to transport your child. This form also serves as a medical release form, allowing the BBC to seek emergency medical treatment for your child. Please be as accurate as possible in completing this section of the form, so that the proper medical information may be given to health care personnel.

- The above named child has my permission to be transported to and from scheduled games, tournament games, and/or other BBC activities in private transportation that is made available to my child's team, its managers, coaches, or players
- I hereby authorize my child's Team Manager and/or Coaches to seek emergency medical treatment for the above named child in the event that I am not present to grant permission. I request that my child be treated by the preferred professionals listed below. In the event that any or all of the listed professionals or Hospital/Health care facilities listed below are not available, I grant permission and authorize the Team Manager and/or Coach(es) the permission to sign for or authorize medical treatment for the above named child in case of such an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

DOCTOR:	PHONE:
DENTIST:	PHONE:
Preferred Hospital:	
Chronic Conditions:	
Blood type: (if known)	Last Tetanus:
Allergies:	
Medications:	
Other Conditions:	
<b>FORM CHECKED BY</b>	<b>DATE:</b>

### REGISTRATION AMOUNT (NO MULTI-PLAYER DISC.):

<b>T-Ball</b>	<b>(\$55.00)</b>	_____
<b>General baseball/softball</b>	<b>(\$60.00)</b>	_____
<b>Acme</b>	<b>(\$90.00)</b>	_____
<b>Shirt Fees</b>		_____

### TOTAL AMOUNT DUE:

### TOTAL AMOUNT PAID:

### TOTAL AMOUNT OWE:

### NOTES:

All dues and fees must be paid by April 1st

### DIVISIONS:

T-BALL	- GIRLS -	- BOYS -
3-4 Yrs	8-U    10-U	8-U    10-U    12-U
5-6 Yrs	12-U   19-U	\$13    \$14-15   \$18-U

### Checks Payable to BBC

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_