

Baseball Player Registration Form

Amount Paid: _____ Player # _____

Check #: _____ Age as of April 30 current year _____ Division _____

Babe Ruth: (13-15 yrs) - **\$80.00** **Legion:** (Born After 1989) - **\$160.00**

PLEASE FILL OUT THE INFORMATION BELOW, CLEARLY AND COMPLETELY:

PLAYERS NAME: _____ BIRTHDATE: _____ / _____ / _____
(Last) (First) (M) (D) (Y)

MAILING ADDRESS: _____
(Street) (City) (Zip Code)

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____ SCHOOL GRADE: _____

Has this player ever signed up for Hazen Baseball? Yes / No

Describe any other organized baseball (other than Hazen) this player has participated in. Tell us about his experience over the last two seasons.

The two defensive positions this player has played most are? _____

Does this player have any physical disabilities or handicaps? Yes / No If yes, please describe:

Any other information the baseball league should be aware of:

Shirt Size: (Circle One): Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult X – Large

I HERBY CERTIFY THAT: I am the parent or legal guardian of the above-named player who wishes to participate in organized baseball under the auspices of the Hazen Park Board and/or Cal Ripken, Babe Ruth or American Legion Baseball.

I understand that baseball can be a hazardous activity, which may subject participants to serious injury. Nevertheless I, on behalf of my son or ward, myself and my spouse, herby agree to assume all risk to which my son may be exposed due to his activities and participation, directly or indirectly, in connection with the Hazen Baseball Program. I specifically release, absolve, indemnify and hold harmless the Hazen Baseball League, the Hazen Park Board, and all officers, directors, sponsors, organizers, managers, coaches, supervisors, employees and volunteers thereof from any liability resulting therefrom.

PARENT SIGNATURE: _____ DATE: _____