

SACHSE BASEBALL ASSOCIATION

www.sachsebaseball.org

ENTERED: _____

BOARD MEMBER INITIALS: _____

SPRING 2009 PLAYER REGISTRATION FORM

Player Information: (PLEASE PRINT LEGIBLY)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Date of Birth: _____ Age (as of 4/30/2009): _____ School Attending: _____

Uniform Size: _____ Cap Size (Youth or Adult): _____

Did applicant play baseball last year? Yes No

Which division: Blastball T-Ball Pinto Mustang Bronco Pony

What team: _____ Head Coach: _____

Parent Information: (PLEASE PRINT LEGIBLY)

Father Name: _____ Mother Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

I am interested in volunteering for the following:

Coach Assistant Coach Umpire Scorekeeping Concessions Other

PLAYER PARTICIPATION FEES **CHECK AGE AS OF APRIL 30, 2009**

<input type="checkbox"/> Blastball (Ages 3-4)	\$50.00	<input type="checkbox"/> Mustang (Ages 9-10)	\$75.00
<input type="checkbox"/> T-Ball (Ages 5-6)	\$70.00	<input type="checkbox"/> Bronco (Ages 11-12)	\$75.00
<input type="checkbox"/> Pinto (Ages 7-8)	\$70.00	<input type="checkbox"/> Pony (Ages 13-14)	\$80.00

There is a \$5.00 discount for each additional child in the same family participating in the Sachse Baseball Association.

RELEASE AND HOLD HARMLESS AGREEMENT

I/WE THE PARENT(S) OF THE ABOVE NAMED APPLICANT, GIVE MY/OUR PERMISSION FOR THE PLAYER TO PARTICIPATE IN ALL ACTIVITIES OF THE SBA. I/WE ASSUME ALL RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SBA, BOARD MEMBERS, COACHES, SPONSORS, UMPIRES, AND SCOREKEEPERS FROM ANY CLAIM (#1) ARISING OUT OF AN INJURY TO MY/OUR CHILD, WHETHER SAID INJURY OCCURS DURING A PRACTICE, A SCHEDULED GAME, OR WHILE BEING TRANSPORTED TO OR FROM SAME, AND (#2) RELATING TO MY CHILD'S SKILL DEVELOPMENT OR ADVANCEMENT IN THE SPORT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY SBA BOARD MEMBER:

League Fee: _____ Sibling Discount: _____ Fundraiser Buyout: _____ Scholarship Donation: _____

Total Due for this Player: _____

Cash / Check #: _____ NOTES: _____