

CARTER LAKE Baseball REGISTRATION FORM

\$53.50

PLEASE PRINT PLAYER'S NAME: _____

HOME PHONE #: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: _____ AGE on April 30, 2020: _____

***** OFFICE USE ONLY *** BCOF _____ * ** BROUGHT IN _____ *** NEED _____ *****

PLEASE INDICATE APPROPRIATE TEAM FOR YOUR CHILD:

_____ MUSTANG (9 & 10 year olds) _____ PONY (13 & 14 year olds)

_____ BRONCO (11 & 12 year olds) _____ COLT (15 & 16 year olds)

UNIFORM INFORMATION

Please indicate the size your child needs this season:

_____ 2 X-LARGE

T-SHIRT: **YOUTH:** __ SMALL __ MEDIUM **ADULT:** __ SMALL __ MEDIUM __ LARGE __ X-LARGE

BALL PANTS: **YOUTH:** __ SMALL __ MEDIUM __ LARGE __ X-LARGE

ADULT: __ SMALL __ MEDIUM __ LARGE __ X-LARGE __ 2 X-LARGE

This is to certify that I, parent or guardian of (insert your child's name) _____, a player on a Carter Lake league team, hereby grant permission to the adult coach, manager, or a Carter Lake league official to obtain medical care, at my expense, for the player named above from any licensed physician, hospital, or medical clinic at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, games, and travel to and from those activities. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Carter Lake, Carter Lake Park & Recreation, the organizers, supervisors, participants, officials, game fields, employees, and any persons transporting the player to and from those activities, for any and all claims arising out of an injury to the above named player.

PRINT YOUR NAME: _____ YOUR SIGNATURE: _____

Relationship to player: _____ Work # _____ Cell #: _____

Are there any medical problems that we should be aware of for this child? _____

PARENTS, CAN YOU BE: _____ A COACH? (shirt size _____) _____ AN ASST. COACH? (shirt size _____)

OFFICE USE ONLY: CHECK # _____ PD CASH TOTAL AMOUNT PD _____ DATE PAID _____