

# PLAYER REGISTRATION FORM



## PLAYER INFORMATION

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>ADDRESS</b>			
<b>ADDRESS #2</b>			
<b>CITY/STATE/ZIP</b>			
<b>HOME PHONE</b>			
<b>EMAIL</b>			
<b>BIRTHDATE</b>		<b>GENDER</b>	

### PARENT #1

<b>NAME</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	
<b>E-MAIL</b>	

### PARENT #2

<b>NAME</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	
<b>E-MAIL</b>	

## MEDICAL INFORMATION

<b>EMERGENCY CONTACT</b>			
<b>RELATIONSHIP TO PLAYER</b>		<b>PHONE #</b>	
<b>INSURANCE CARRIER</b>		<b>POLICY #</b>	

I/WE THE PARENTS/GUARDIANS OF THE ABOVE-NAMED CANDIDATE FOR A POSITION ON AN ABDG TEAM HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL ABDG ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES.

I/WE KNOW THAT PARTICIPATION IN BASEBALL MAY RESULT IN SERIOUS INJURY TO PLAYERS, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD TO AND FROM ACTIVITIES FROM ANY CLAIM ARISING OUT OF INJURY TO MY/OUR CHILD WHETHER THE RESULT OF NEGLIGENCE OR FOR OTHER CAUSE.

I/WE AGREE TO RETURN UPON REQUEST THE UNIFORM AND THE OTHER EQUIPMENT ISSUED TO MY/OUR CHILD IN AS GOOD CONDITIONS AS WHEN WE RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR.

I/WE AGREE THAT OUR CHILD (CANDIDATE) MAY BE REQUIRED TO TRYOUT FOR A TEAM.

<b>PARENT/GUARDIAN SIGNATURE</b>		<b>DATE</b>	
<b>PLAYER'S SIGNATURE</b>		<b>DATE</b>	

PAYMENT AMOUNT: \_\_\_\_\_ Payment Type (Circle One) CASH CHECK CREDIT CARD

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

Account Holders name as it appears on the credit card (Please print clearly): \_\_\_\_\_

Credit Card Number (Please print clearly) 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_

Make checks payable: Conejo Creek Ballpark