



**TRUSSVILLE BASEBALL REGISTRATION FORM
2018 SPRING SEASON**

What is Child's Birthday (mm/dd/yy): _____

What Age will your child play in the upcoming spring season: _____

Is your child eligible to attend Trussville City Schools? **Yes** **No**

Did this child play baseball in Trussville last spring? **Yes** **No**

Player Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Grade: _____

Father: _____ Mother: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Email: _____ Email: _____

Shirt Size: YXS YS YM YL

AS AM AL AXL

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

PLEASE READ CAREFULLY AND SIGN:

Parent or guardian of the above candidate for the position in the mentioned baseball program, do hereby give approval to his/her participation in any and all league activities during the coming season. I assume all risk and hazards incidental to such participation including transportation to and from activities, an hereby waive, resolve, indemnify, and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants, and person transporting the boys/girls to all activities from any claim arising out of an injury to the candidate except to the extent and in the amount covered by accidental or liability insurance held by the local league. I also grant permission to managing personnel or league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in league activities away from home or at any other time when neither parent nor guardian is available to grant authorization for emergency treatment. This form also serves as a media release allowing photos to possibly be used on the TBA website. **I acknowledge there will be a \$35.00 fee for all returned checks. By signing this form I agree to pay this fee plus the original check amount if my check is returned.**

Signature: _____ Relationship: _____ Date: _____

Payment Method: Cash _____ Check# _____ Paid Amount: _____