



# All-Stars Baseball

## Registration Form

**Please make checks payable to: FBC**

Child's Name \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Boy / Girl** # Yrs Playing Baseball \_\_\_\_\_ **Spring Training Y N**

Shirt Size \_\_\_\_\_ (Shirt Sizes: YS, YM, YL, AS, AM, AL, AXL) Pant Size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone or cell # **you prefer to be contacted at** \_\_\_\_\_

Alternate phone or cell # \_\_\_\_\_

E-Mail Address (if checked regularly) \_\_\_\_\_

<b>Father's Information:</b> Name _____ Work / Cell _____	<b>Mother's Information:</b> Name _____ Work / Cell _____
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**The success of our league depends upon volunteer help. All parents are required to work in one of the areas below. Place a check next to any job you are willing to do. One parent from each family required to offer some time.**

- Team Manager (Responsible for the team, making sure all players are contacted, etc.)
- Assistant Coach (Assist team manager and fill in if he / she is unable to attend)
- Team Mom (assists Team Manager with things they need help with, varies from team to team)
- Concession Stand (4 hours concession stand)
- Grounds crew (Requires being at field 1 to 1.5 hours prior to first game, minimum. Some week night needs as well.)
- Field Clean-up (Removal of equipment, cleaning dugouts / bench area)

**Over >>>**

I the undersigned parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not from their own actions, inaction or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue the First Baptist Church, Families of Faith Christian Academy, the organizers, coaches, referees, employees, and associated personnel, officers, agents, including the owners and lessors and leasees of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all claims by or on behalf of the participant as a result of the participation in the programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in the program. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above and to release them from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any otherwise actionable or tortious act or omission caused in whole or in part by the negligence of the releasee. I have read the above waiver/ release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. My signature also indicates that I agree to be bound by the league rules and the First Baptist Church Sports Code of Conduct.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

### Medical Release Form

As parent/guardian of \_\_\_\_\_, minor, I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment, including transportation to a medical facility if required.

Parent or Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_

List any specific medical condition or illnesses the staff should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_