

Ascension Baseball Committee - 2012 PLAYER REGISTRATION FORM

PLEASE NOTE FOR THE 2013 SEASON -- Registration will be \$110 per child. This will include a full uniform for each child, and we will not have a raffle. Last year's vote on this was 70.46% in favor and only 29.54% against changing our format. We appreciate all the feedback received and hope that a one year notice will give everyone a chance to prepare financially for next season.

1. COMPLETELY fill in all items and sign in the appropriate areas.
2. Forms not accepted without full payment (*cash or check/money order made out to ABC*).
3. Each player must have his own completed registration form and attached COPY of birth certificate, if new or not on file.
4. Failure to do any of the above items will result in your child be put on a waiting list and his participation is not guaranteed.
5. REFUNDS will be issued *only* if we are unable to place your son on a team. **NO other reasons are accepted for a refund.**

Reg Fee(circle one): **\$40** (Tee Ball) **\$60** (under 15) **\$65** (15-18) **\$75** (late fee) Method: CASH Ck/M.O.: _____

RAFFLE Tickets (*list first ticket of each book*): _____ **[Turn in all sold & unsold tickets to Coach]**

Reg. Date: _____ Date of Birth: _____ Player's age on April 30th, 2012: _____

Child's Name: _____ 2011 ABC Team: _____

Home Address	City	ST	Zip	Home Phone
--------------	------	----	-----	------------

Father's Name	Cell Phone	Work Phone	Email
---------------	------------	------------	-------

Mother's Name	Cell Phone	Work Phone	Email
---------------	------------	------------	-------

Doctor's Name	Dr.'s Phone #	List any disability or medical issues above
---------------	---------------	---

Please indicate with a checkmark if you are interested in helping the ABC in one or more of the following:
_____ Head Coach _____ Asst. Coach _____ Team Sponsor _____ Umpire

Consent for (Minor) Medical Treatment – Signature of Parent/Guardian Required!

As parent or legal guardian of the above named player, I hereby give my consent for Emergency Medical Care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or Licensed EMT/Paramedic. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature of Parent/Guardian: _____

As the parent/guardian of this registrant, a minor, I agree that the registrant and I will abide by all rules & bylaws of PARC, ABC, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with athletics and in consideration for PARC & ABC accepting the registrant for the recreation program, I hereby release, discharge, and/or otherwise indemnify PARC, ABC, its volunteers, affiliated organizations and sponsors, their employees, and associated personnel, including the owners of facilities utilized for the recreation program, against any claim by me or on behalf of the registrant as a result of the registrant's participation in the recreation program and/or being transported to or from.

Signature of Parent/Guardian: _____

***** Returned checks of registrants for insufficient funds will result in a \$25.00 charge or the child will be removed from his team assignment. The 25.00 fee is payable to ABC within 10 days that the check is returned for insufficient funds.

***** Additional contacts or Special Requests: _____