

ASCENSION BASEBALL COMMITTEE
2011 PLAYER FALL REGISTRATION FORM

1. COMPLETELY fill in all items and sign in the appropriate areas.
2. Turn in with full payment (*cash or check/money order made out to ABC*). Forms not accepted without full payment.
3. **Registration is \$45 each child.** \$55 if not registered by Saturday, August 27th @ 1pm.
4. 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. Date: _____ **ABC Rep:** _____ **Pay Method** (*circle one*): CASH Check / M. O. #: _____

Player's Name: _____ **Shirt Size:** _____

Player's DOB: _____ **Player's age on April 30th, 2011:** _____

Home Address	City	ST	Zip	Home Phone
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Father's Name	Cell Phone	Work Phone	Email
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Mother's Name	Cell Phone	Work Phone	Email
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Doctor's Name	Dr.'s Phone #	List any disability or medical issues above
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Please indicate with a checkmark if you are interested in helping the ABC in one or more of the following:
 _____ *Head Coach* _____ *Asst. Coach* _____ *Umpire*

Consent for Medical Treatment (Minor) – 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 P.A.R.C., ABC, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with athletics and in consideration for P.A.R.C. & ABC accepting the registrant for the recreation program, I hereby release, discharge, and/or otherwise indemnify P.A.R.C., ABC, its board members, coaches, 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: _____

