



Madison Baseball Association – Fall Ball

P.O. BOX 456
MADISON, AL 35758

REGISTRATION FORM Fall Season: 2008

Date: _____

Name (Last, First, MI, Preferred): _____ Gender: _____

Date of Birth _____ Age on April 30, 2008: _____ Years Played baseball: _____

Age Division in spring 2008: (Prep, Rookie, Minor, Major, or Babe Ruth) _____ Team Name _____

Age Division for Fall Ball 2008: (Rookie, Minor, Major, or Babe Ruth) _____

Special Notes (Coach/other player Preference) _____

Other Requests: No to certain coach, etc.) _____

Email: _____

Phone: _____ Address: _____ City: _____ Zip: _____

Father/Guardian: _____ Home Phone: _____

Work Phone: _____ Email: _____

Mother/Guardian: _____ Home Phone: _____

Work Phone: _____ Email: _____

Other Parent: _____ Home Phone: _____

Work Phone: _____ Email: _____

Physical Problems/Restrictions: _____

Medications: _____

Physician: _____ Phone: _____ Insurance Co.: _____

Emergency Contact: _____ Phone: _____

Uniform Information – All Participants will receive a hat.

Registration Fee - \$30.00 (Rookie through Babe Ruth Leagues)

Amount Paid: \$ _____

PARENT WILLING TO COACH or HELP COACH TEAM) _____

CASH or Check# _____ :

I/we, the undersigned parent(s) of the participant, do hereby authorize the coaches or team member parents consent to such medical treatment as necessary when acting as recreation supervisor for the participant. In case of emergency I/we hereby authorize treatment or care of registered player at ANY hospital. If there is an emergency and we cannot be reached, please contact the person specified above. I/we hereby give my/our approval for his/her participation in any and all activities during the current season. I/we assume all risks and hazards incidental to such participation including transportation to and from such activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the local recreation department, coaches, the organizers, supervisors, participants and persons transporting my/our child to/from activities for claim rising out of an injury to my/our child, except to the extent covered by accident or liability insurance.

(Signature) (Date)

Division

(League Use Only)

Birth Certificate on File _____

Team Assignment _____

Division

Rookie

Minor

Major

Babe Ruth