



Madison Baseball Association

P.O. BOX 456
MADISON, AL 35758

FALL BALL REGISTRATION FORM

Date: _____

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

Date of Birth _____ Age on April 30 of Next Year: _____ Years Played Baseball: _____

Age Division in Spring Season: (Prep, Rookie, Minor, Major, or Babe Ruth): _____ Team: _____

Age Division for Fall Ball: (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: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Mother/Guardian: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Other Parent: _____ Home Phone: _____ Cell 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 – Visit www.madisonbaseball.org to find the current fee.

Amount Paid: \$ _____

PARENT WILLING TO: COACH HELP COACH

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: _____

(League Use Only)

Birth Certificate Verified: Yes No

Division: Rookie Minor Major Babe Ruth

Team: _____