

BASEBALL REGISTRATION FORM

League/Organization Name: _____

Player Information:

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Parent/Guardian Information (if player is a minor):

Full Name: _____

Relationship to Player: _____

Phone Number: _____ Email: _____

Medical Information and Emergency Contacts:

Physician's Name: _____

Physician's Phone Number: _____

Known Allergies or Medical Conditions:

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Baseball Experience and Preferences:

Years of Experience: _____ Preferred Position(s): _____

Previous Team/Organization (if any): _____

Registration Fees and Payment:

Registration Fee Amount (USD): _____

Payment Method: _____

Acknowledgments and Agreements:

- I acknowledge that participation in baseball involves inherent risks including serious injury or death.
- I certify that the information provided in this registration form is true and accurate to the best of my knowledge.
- I agree to abide by all rules, regulations, and codes of conduct established by the league/organization.

- I understand that the league/organization is not responsible for medical expenses or injuries sustained during participation.
- I grant permission for emergency medical treatment to be administered if necessary.
- I consent to the use of photographs or videos taken during league events for promotional purposes without compensation.
- I acknowledge that this registration and participation is governed by the laws of the United States.
- I understand that the league/organization may conduct background checks or require additional documentation as required by law.

Signature and Consent

Player's Signature: _____

Date Signed: _____

Parent/Guardian Signature (if player is a minor): _____

Date Signed: _____

PLAYER'S SIGNATURE

PARENT/GUARDIAN SIGNATURE

Signature: _____

Signature: _____

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