Badges for Baseball 2009 Season Application

Players must reside in Halifax or Northampton County*

Ages: 8-15

Registration Fee: waived Registration form must be postmarked no later than **May 20, 2009**
Donations are accepted Late registration **May 21, 2009** through **May27, 2009**

Evaluation/Tryouts: TBA after May 20, 2009, Location Ledgewood Baseball Park.. Registration will be allowed this day.
Please attach birth certificates

Player Information

Name: _____Prefers to be called: _____
Last First MI

Date of Birth: _____/_____/_____ Age as of 06/01/2009: _____ Phone:_____

Address: _____
Street City State Zip

MINOR 8-10 MAJOR 11-12 SENIOR 13-15

_____

****All players please submit a copy of birth certificate with application or at tryouts****

Parent/Guardian Information

Father/Guardian	**Mother/Guardian**
Name: _____	**Name:_____**
Home Phone:_____	**Home Phone:_____**
Cell Phone:_____	**Cell Phone:_____**
Email:_____	**Email:_____**

I would be interested in: Coaching _____ Asst. Coaching _____ Team Mom _____

Parental consent: Please read and sign. Application must have at least one Parent/Guardian signature.

I/WE the parent/guardian of the above named candidate for a position with a Badges for Baseball team, hereby give my/our approval to participate in any/all league activities, including transportation to and from activities. I/WE know that participation in Youth Baseball may result in serious injuries and that protective equipment does not prevent all injuries to players and herby waive, release, absolve indemnify and agree to hold harmless the local league, the organizers, sponsors, volunteers, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result is negligence or for any other cause, except to the extent and the amount covered by accident or liability insurance

Parental Medical Treatment Authorization: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified physician to render such medical treatment as said physician deem necessary under the circumstances.

Equipment Liability: Parent/Guardian is responsible for providing their child with the proper equipment needed for regulation play.

I/WE have read the above and agree and understand the policies set forth above.

_____ _____
Father/Guardian Signature Date Mother/Guardian Signature Date