

Birth Certificate Checked _____ Paid \$ _____ League _____

2010 Girls Fastpitch Registration Form
Ellensburg Youth Baseball/Softball, PO Box 1471, Ellensburg, WA 98926

PLAYER INFORMATION

Female Players in 1st through 7th grade only

Last Name: _____ First Name: _____ Phone: _____

Address: _____ City/Zip: _____ DOB _____

League Age (as of 1/1/10): _____ School/Grade _____ Family Email _____ @ _____

Shirt Size: Youth - S M L or Adult - XS S M L XL XXL (please circle)

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Phone: _____

Last Name: _____ First Name: _____ Phone: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Phone: _____ Relation: _____

Doctor: _____ Phone: _____ Medical Notes: _____

Special Requests for Placement: _____

Medical Consent Form

Heart Disease Convulsions Hearing Problems Epilepsy Diabetes Asthma Kidney Disease Contact Lenses

Allergies (specify) _____ Drug or Antibiotic reaction (specify) _____

Other _____ Current Medication _____ Physical Restrictions _____

In Case of emergency, I hereby authorize the adult in charge to seek any emergency medical care, transportation, and procedures deemed necessary by an attendant physician, due to injuries sustained while participating in this Babe Ruth program.

Parent/Guardian Signature

Date

PLAYER PARTICIPATION WAIVER

I, the parent or legal guardian of the named player for participation in the Babe Ruth Program/Team, hereby give my consent and approval, on behalf of myself, my spouse and/or the named participant, for said player to participate in any and all Babe Ruth activities, including without limitation, transportation to and from said activities, I am aware that playing or practicing baseball/softball can be a dangerous activity involving many risks of injury and/or temporary or permanent damage. In order to induce Ellensburg Youth Baseball/Softball to allow the said player to participate in such activities, I, on behalf of myself, my spouse and said player, hereby waive, release, absolve, indemnify and agree to hold harmless Ellensburg Youth Baseball/Softball, and its organizers, sponsors, umpires, coaches, supervisors, Board Members, Committee members, Officers, employees and/or agents from and with regard to in all particulars any and all claims, demands, liability, responsibility, judgments, awards, decisions, actions or other proceedings occurring to or suffered by said applicant or the parent/legal guardian thereof from or out of any injury, damage, loss, disability, negligence, intentional act and or harm or any kind whatsoever, fatal or otherwise, except to the extent which may be covered by liability insurance.

I UNDERSTAND THAT IN ORDER FOR THE PLAYER TO PARTICIPATE, I MUST PROVIDE DESIGNATED ELLENSBURG YOUTH BASEBALL/SOFTBALL OFFICIALS WITH AN ACCEPTABLE COPY OF PLAYER'S CERTIFIED BIRTH CERTIFICATE OR OTHER ALLOWABLE PROOF OF AGE.

Parent/Guardian Signature

Date