

St. Cloud Travel Baseball Association
Blue Sox Registration Form

Age as of April 30, 2012 _____

Player's Name: _____

Date of Birth: ____/____/____ Grade Level in 2011/2012 school year: _____

Currently attending what school: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian Information: (Please use a "check mark" to indicate primary contact)

Primary
Contact

Mother's Name _____ Phone _____ E-mail _____

Father's Name _____ Phone _____ E-mail _____

Guardian's Name _____ Phone _____ E-mail _____

Address of primary contact: _____

(if different from player) street address city state zip

If we cannot be reached at the above numbers, our emergency contact person is:

Name: _____

Phone Number: () _____ or () _____

Physician's Name: _____ Phone: () _____

Medical conditions or medications the coaches should be aware of:

I agree to volunteer (myself, and/or family members) for up to four (4) hours per child in the travel program, including helping at Blue Sox-hosted tournaments and fund-raising events.

I, the parent/guardian of the registrant, a minor, hereby agree that I and registrant will abide by the rules of St. Cloud Travel Baseball and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball, and in consideration for St Cloud Travel Baseball accepting the registrant for its baseball programs and activities, I hereby release, discharge and/or otherwise indemnify St Cloud Travel Baseball, its affiliated organizations and sponsors, their volunteers and/or associated personnel, including the owners of the fields and facilities utilized by the Association, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs offered by the Association and/or being transported to or from the same, which transportation I hereby authorize.

Medical insurance is the responsibility of each player and his or her parent or guardian

Parent/Guardian Signature: _____ Date: _____