

CRBA FALL BASEBALL
REGISTRATION FORM

Date: _____ Shirt Youth M L Adult S M L XL

First Name: _____ Last Name: _____

Address: _____

Birthdate ___/___/_____ Home Telephone: _____

Cell Telephone: _____

Email Address: _____ Emergency Tel: _____

Insurance Carrier/Pol # _____

Home Baseball Organization: _____

Father/Guardian Name _____

Mother/Guardian Name: _____

Comments/Requests: _____

Skill Level (circle 1) Beginner Intermediate Advanced

I/We, the parents and/or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a certified certificate of the above named candidate to league officials.

Signature: _____

Father or Guardian

Signature: _____

Mother or Guardian

Volunteer Sign-Up

Name: _____

_____ Umpire (Unpaid Volunteer)

_____ Manager/Coach