



# 3 RIVERS LEAGUE

Youth Baseball, Softball Inc. P.O. Box 56, Peacham, VT 05862

## Registration 2010

Players Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current School \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail(important) \_\_\_\_\_

Please consider my child for ALL STAR competition (runs thru mid July, players MUST be available)

### Parent #1 Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(only if different for above)

City \_\_\_\_\_

e-mail \_\_\_\_\_

Phone H/W \_\_\_\_\_

### Parent #2 Information

Name \_\_\_\_\_

Address \_\_\_\_\_

(only if different for above)

City \_\_\_\_\_

e-mail \_\_\_\_\_

Phone H/W \_\_\_\_\_

### In the Event of an Emergency and in the Absence of a Parent, Please Notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

#### WAIVER (Must be signed by parent or legal guardian)

In the event of an accident or other medical emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the 3 Rivers League to make such arrangements as he/she considers necessary for my child to receive medical or hospital care and transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as he/she considers necessary. In the event the said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon. I also know that participation in baseball or softball may result in serious injuries and that protective equipment does not prevent all injuries to players, and I hereby waive, release, absolve, indemnify and agree to hold harmless 3 Rivers League Youth Baseball & Softball Inc., Cal Ripken Baseball and Babe Ruth Inc., the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL INFORMATION

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Insurance # \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Dental Health Carrier \_\_\_\_\_ Insurance # \_\_\_\_\_

### Please check the following Medical conditions that pertain to your player:

Are there any existing health or any physical conditions that would limit participation in the 3 Rivers League  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child allergic to ANY medications or foods our coaches should be aware of?  YES  NO

If yes, please explain \_\_\_\_\_

EARLY Registration Fees:  One Child \$30  Two \$50  Family \$60 Additional Donation \_\_\_\_\_

LATE (after 3/26) Registration Fees:  One Child \$35  Two \$55  Family \$70

Make Checks Payable to **Three Rivers League**

Would you be interested in coaching?

OFFICIAL USE ONLY! League Age \_\_\_\_\_ Payment \_\_\_\_\_  Cash  Check \_\_\_\_\_ Date \_\_\_\_\_