



2010 Player Registration Form

South Park Baseball Association, P.O. Box 240, South Park, PA 15129

1. Did the player play baseball in 2009? Yes No (If, No, please complete a new player info form)
2. Please check or circle the appropriate division and league age by birth date where the player will play:

<input type="checkbox"/> Instructional May 1, 2003 – April 30, 2005	<input type="checkbox"/> American May 1, 2001 - Apr. 30, 2003	<input type="checkbox"/> Minors May 1, 1999 - Apr. 30, 2001	<input type="checkbox"/> Majors May 1, 1997 - Apr. 30, 1999	<input type="checkbox"/> Pony May 1, 1995 - Apr. 30, 1997	<input type="checkbox"/> Colt May 1, 1993 - Apr. 30, /1995	<input type="checkbox"/> Legion May 1, 1991 - Apr. 30, 1993
Registration Fee for these divisions: \$115				\$135	\$150	\$200

3. Please Print Clearly:

Player Name:		Age (on May 1, 2010):	
Gender (Male/Female):		Birth Date:	
Parent/Guardian Name(s):		Email Address:	
Address: (Street Number, City, State, Zip)			
Shirt Size (please circle): YS YM YL YXL AS AM AL AXL A2X A3X	Pants Size (please circle): YS YM YL YXL AS AM AL AXL A2X A3X	Home Phone (include area code):	
		Work Phone:	Cell Phone:

I/We, the parents/guardian of the above named candidate for the position on a South Park Baseball team, hereby give my/our approval to participate in any and all South Park Baseball Association activities, including transportation to and from the activities. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to the player, and hereby waive, release, absolve, indemnify and agree to hold harmless the local South Park Baseball Association, the organizers, sponsors, supervisors, participants and persons transporting my/our children to and from activities for any claim arising from any injuries to my/our 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. In my/our opinion, said candidate is physically able to play South Park Baseball. I/We authorize emergency medical treatment by trained medical personnel or physician available. I/We understand that said candidate is not guaranteed to play on a specific team or with a specific manager.

Parent/Guardian Signature: _____

Family Hospitalization Plan: _____

Policy Number: _____

Please indicate any physical limitations (allergies, hearing, vision, etc.): _____

***** No Refund of Registration Dues after March 15, 2010 *****

Fund Raiser	Total Paid	Amount Due
Scratch Off		
Birth Certificate Needed? Yes No	Residency Checked? Yes No	