

**Application to play Pelham Youth Baseball/Softball 2019**  
**Registration January 12 & January 26, 2019 (Saturdays)**  
**9:00AM-12:00PM**  
**Pelham Parks and Recreation 205-358-0052**  
**Card \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_**

<b>Player's Last Name:</b>		<b>Player's First Name:</b>		
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	
<b>Home Phone Number:</b>				
<b>Birthdate:</b>	<b>League Age:</b>	<b>Male</b>	<b>Female</b>	
	<b>Division:</b>			
Participation in Pelham Youth Baseball/Softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration fees for the 2019 season are \$160.00 for the 1 <sup>st</sup> child and \$10.00 less for each additional child. A check made payable to the City of Pelham, debit card, credit card, or cash, should be included with the registration form. <b>A late fee of \$25.00 will be charged for any participant registering after 01-27-19 and before teams are chosen. NO CHILD WILL BE ALLOWED TO REGISTER AFTER EVALUATIONS, unless we are trying to even out the participants on each team. We will put a child on a waiting list if all teams are</b>				
I/We want our child to play down a division for one more year, regardless of how he/she is rated during the player evaluation. <b>I further understand he/she will not be eligible to participate in All-Stars, nor will he/she be able to play in the position of pitcher or catcher. Other rules may apply according to each division.</b>			N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
I/We, the parent(s) of the above named candidate for a position on a Pelham Youth Baseball/Softball team, hereby give my/our approval to participate in any and all Pelham Youth Baseball/Softball activities, including transportation to and from the activities. <b>I agree to allow the City of Pelham to use any forms of media for the City of Pelham website or any other sites promoting Pelham Youth Baseball/Softball. All websites will be approved by the Park and Recreation Director.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We know that participation in baseball/softball may result in serious injuries, and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Pelham, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury 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.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We also understand the Refund Policy: <b>No refund will be made after a team assignment has been given. If a player requests refund prior to team assignment, 50% of the registration fee will be refunded.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We, the parents or guardians of the above named candidate, if selected as an All-Star, agree to have our child attend all team functions. There will be no exceptions to this rule.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>I DO NOT</b> want my child to play for the following coach:	<b>Coach</b>	<b>Reason</b>		
List any email addresses at which you would like to receive league or team mailings:				
<b>Print Name (Father):</b>		<b>Print Name (Mother):</b>		
<b>Signature:</b>		<b>Signature:</b>		
<b>Date:</b>		<b>Date:</b>		
<b>Work Number:</b>	<b>Cell Phone:</b>	<b>Work Number:</b>	<b>Cell Phone:</b>	
<b>PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE</b>				

**Pelham Youth Baseball/Softball Medical Release Form  
2019 Season**

Player's Last Name:

Player's First Name:

**Parent or Guardian Authorization:**

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Family Physician:

Phone:

Address:

City:

Hospital Preference:

**In Case of Emergency, contact:**

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Additional Contact Information:

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Additional Contact Information:

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

Allergies:

The purpose of the above listed information is to ensure that medical personnel have details of any medical concern, which may interfere with or alter treatment.

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.

Authorized Parent/Guardian Signature:

Date

