

Pelham Youth Baseball/Softball Fall Ball Registration
July 29th -August 16th 2019 Monday-Friday 7:00AM- 5:00PM
Pelham Parks and Recreation Office
205-358-0052

Cash _____ Check# _____ Receipt# _____ Credit Card Type _____

Player's Last Name:		Player's First Name:			
Street Address:					
City:		State:		Zip:	
Home Phone Number:					
Birthdate:		League Age:		Male	Female
		Division:			
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	No
Registration fees for the 2019 season are \$80.00. A check made payable to the City of Pelham, cash, or bank card should be included with the registration form.					
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. I further understand he/she will not be eligible to play in the position of pitcher or catcher. Other rules may apply according to each division.				N/A	Yes
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. 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.				Yes	No
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	No
I/We also understand the Refund Policy: 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.				Yes	No
I DO NOT want my child to play for the following coach:		Coach _____ Reason _____			
List any email addresses at which you would like to receive league or team mailings:					
<u>Fathers email</u>		<u>Additional email</u>		<u>Mothers email</u>	
Print Name (Father):			Print Name (Mother):		
Signature:			Signature:		
Date:			Date:		
Work Number:		Cell Phone:		Work Number:	
				Cell Phone:	
PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE					

**Pelham Youth Baseball/Softball Medical Release Form
2019 Fall Ball 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:

Pager:

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Pager:

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