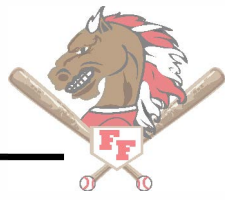


Freedom Farm Baseball League

Registration Form



Player Name: _____ **Phone:** _____ **Birth Date:** _____
Address: _____ **City:** _____ **State/Prov.** _____
Gender Male Female **Height** _____ **Weight** _____ **Postal Code** _____
Parent Approval to Contact Participant via Yes No
Email Address: _____ **Email (for children under the age of 13)** _____
Guardian Name: _____ **Phone:** _____ **Relationship:** _____
Guardian Name: _____ **Phone:** _____ **Relationship:** _____
Emergency Contact: _____ **Phone:** _____ **Relationship:** _____
School Name: _____ **Grade:** _____

Division Preference	Min Age	Max Age	Shirt Size	Pants Size
<input type="checkbox"/> T-ball	4	6	Youth Small	<input type="checkbox"/> Youth Small
<input type="checkbox"/> Coach Pitch	6	9	Youth Medium	<input type="checkbox"/> Youth Medium
<input type="checkbox"/> 9/10	8	11	Youth Large	<input type="checkbox"/> Youth Large
<input type="checkbox"/> 11/12	10	13	Adult Small	<input type="checkbox"/> Adult Small
<input type="checkbox"/> 13/15	12	16	Adult Medium	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Junior	15	20	Adult Large	<input type="checkbox"/> Adult Large
			Adult X-Large	<input type="checkbox"/> Adult X-Large
			Adult XX-Large	<input type="checkbox"/> Adult XX-Large
			Other _____	Other _____

Hat Size: _____
Shoe Size: _____
Jersey Number Preference _____

League Use Only

Date Paid: ____/____/____

Cash Check

Chk Nbr: _____

Player Fee: _____
 Other Fees: _____
 Total Paid: _____

Medical Information

Preferred Doctor Name: _____ **Phone:** _____
Preferred Dentist Name: _____ **Phone:** _____
Preferred Hospital: _____
Insurance Carrier: _____ **Policy Number:** _____

Medical History: Allergies, Medications, Special Conditions, etc

Medical Authorization

PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr.(2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Participant Name: _____
Print Name

Parent/Guardian/Custodian: _____ **Date:** _____
Signature

PART II REFUSAL OF CONSENT (Do not complete if Part I has been completed)

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Freedom Farm Baseball League to take no action, or perform the following actions:

Actions to be Performed: _____

Participant Name: _____
Print Name

Parent/Guardian/Custodian: _____ **Date:** _____
Signature: _____