

# 2008 Upward Baseball Participant Registration Form

Last Name	First Name	Middle	*Gender	*Date of Birth	Mth / Day / Year	Grade 4K 5K 1 2 3 4
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Address	City	State	Zip	Siblings (In same division only)	Parent Coach
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Parent / Guardian Name	Relationship	Home Phone	Email
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Address	City	State	Zip	Cell Phone	Work Phone	Employer
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I can help this team as:  Coach  Assistant Coach  Umpire Church: \_\_\_\_\_

Parent / Guardian Name	Relationship	Home Phone	Email
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Address	City	State	Zip	Cell Phone	Work Phone	Employer
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I can help this team as:  Coach  Assistant Coach  Umpire Church: \_\_\_\_\_

### Division Selection

5 & Under Instructional T-ball (must be age 4 as of 3/1/08)
  6 & Under Advanced T-ball
  8 & Under Machine Pitch
  10 & Under Machine Pitch

### Participant Information

<b>Parents: AT PLAY, your child is best described as (circle one):</b> (1 being least assertive and 10 the most assertive.) 1   2   3   4   5   6   7   8   9   10 Not Assertive      Moderately Assertive      Very Assertive	Number of years your child has played organized baseball: _____	I cannot practice on: M   T   Th	T-shirt size:    YS YM YL AS AM AL AXL Vest Size:        YS YM YL AS AM AL AXL Pant Size:        YXS YS YM YL AS AM AL AXL	Sock Size: Youth (shoe sizes 4 and smaller) Intermediate (shoe sizes 4.5 - 7.5)
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## PLEASE READ CAREFULLY - RELEASE MUST BE SIGNED

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? NO YES If yes, what? \_\_\_\_\_

If you wish to have your family doctor contacted in case of emergency, please provide contact information. Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors, as my Agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize medical treatment, and/or care at any hospital. AUTHORIZED SIGNATURE \_\_\_\_\_

WAIVER OF LIABILITY AND DISCLAIMER: In consideration for accepting the registration of the above named minor child and permitting the voluntary participation of said individual in its programs, I the parent/guardian of the above named minor child, hereby release, discharge, and hold harmless the Upward Baseball League, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the Upward Baseball League sponsored events, including any physical injury due to negligence of any official, umpire or coach while performing his/her duties during any practice or games, any claims relating to loss or damage of property, as well as any claims relating to publication of team or individual photos of my minor child's likeness on the following website, www.decaturbaptist.org, as well as printed and/or visual media used for promotion and publicity purposes.

*SIGNATURE OF PARENT OR GUARDIAN:	DATE:
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**Registration Cost: \$65 by Feb. 24th    Evaluations: March 1st 2-4 p.m.    Practices Begin: March 10th    Games Begin: March 29th**

### OFFICE USE ONLY

Payment Information		Evaluation Scores			
Date Paid	Amount Paid	First Base Sprint	Distance Throw	Catch Fly Balls	
Payment Type	Check #	Run The Bases	Field And Throw	Hitting	
		<b>Total Speed Score</b>	<b>Total Score</b>		

Bring or mail this form to: Aaron Scheer @ Decatur Baptist Church - 2527 Danville Rd. 353-8579 or Garth Lindsey @ First Baptist Church - 123 Church St. 353-0272