



TRUSSVILLE BASEBALL REGISTRATION FORM 2010 SPRING SEASON

What age will your child play in: _____
(see chart for explanation)

Is your child eligible to attend Trussville City Schools? **Yes** **No**

Player Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Grade: _____

Father: _____ Mother: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Email: _____ Email: _____

Shirt Size: YS (6-8) YM (10-12) YL (14-16)
 AS (34-36) AM (38-40) AL (42-44) AXL (46-48)

Hat Size: Youth or Adult Sock Size: Youth or Adult

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

PLEASE READ CAREFULLY AND SIGN:

Parent or guardian of the above candidate for the position in the mentioned baseball program, do hereby give approval to his/her participation in any and all league activities during the coming season. I assume all risk and hazards incidental to such participation including transportation to and from activities, an hereby waive, resolve, indemnify, and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants, and person transporting the boys/girls to all activities from any claim arising out of as injury to the candidate except to the extent and in the amount covered by accidental or liability insurance held by the local league. I also grant permission to managing personnel or league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in league activities away from home or at any other time when neither parent nor guardian is available to grant authorization for emergency treatment. **I acknowledge there will be a \$35.00 fee for all returned checks. By signing this form I agree to pay this fee plus the original check amount if my check is returned.**

Signature: _____ Relationship: _____ Date: _____

Payment Method: Cash _____ Check# _____ Paid Amount: _____

I am interested in volunteering at the park **BIRTH CERTIFICATE COPY RECIEVED**

****Birthday:** _____

Please circle the appropriate range that applies to your child's birthday. This is the age group he/she should play in.

Birthday	League
5/1/05 – 4/30/06	4
5/1/04 – 4/30/05	5
5/1/03 – 4/30/04	6
5/1/02 – 4/30/03	7
5/1/01 - 4/30/02	8
5/1/00 - 4/30/01	9
5/1/99 - 4/30/00	10
5/1/98 - 4/30/99	11
5/1/97 - 4/30/98	12
5/1/96 - 4/30/97	13
5/1/95 - 4/30/96	14
Prior to 5/1/95	15-18

[] We would like for our child to play in a league other than the one specified above.

If the above box is checked you must fill out the Special Request area on the back of this form. If this form is incomplete your request can not be honored.

**TRUSSVILLE BASEBALL REGISTRATION
SPECIAL REQUEST FORM**

**** If this form is not completed your request can not be honored****

All requests must be reviewed and approved by the Park President, Director of Commissioners, and League Commissioner

LEAGUE REQUEST:

I request my child play in the _____ year old league. This is different than the league specified on the registration form. I am requesting my child play in this league for the following reason (*please check one*):

- To play with his current grade level** *Current Grade:* _____
- To play with a sibling** *Name of sibling:* _____
(*Can only move up one age group*)

COACHES REQUEST:

Please list any special request for coaches below. *While Trussville Baseball will attempt to honor the request, there is no guarantee your child will be on the team of the requested coach.*

- **\$190** 1st Child (\$180 registration + \$10.00 concession fee)
- **\$110** 2nd Child (\$100 registration + \$10.00 concession fee)
- **\$380** Family Max (**plus \$10.00 concession fee PER PLAYER**)
 - *Four children playing would cost \$420 (\$380 + \$10 + \$10 + \$10 + \$10)*
- **\$110** Four-year-old T-Ball (\$100 registration + \$10.00 concession fee)
- **\$50** Out of town fee **PER PLAYER** (if player is not eligible to attend Trussville Schools)
 - *Two out of town players cost would be \$400 (\$190 + \$110 + \$50 + \$50)*
- **\$50** **Late Fee** (applicable if player is signed up after in-person registration closes 01/24)

Signature: _____ **Relationship:** _____ **Date:** _____

**** If this form is not completed your request can not be honored****