Huntsville Patriot League

HPL

2009 Baseball/Softball Registration

Circle One:

Baseball	Softball
$80	$80

Player Name (First Middle Last) _____ Gender: M F

Street Address _____ Zip Code _____

DOB: ____/____/_____ Age: ___ Birth Certificate No. _____-____-_____ ST ____

Shirt	Pants	Hat
Youth: XS S M L XL	Youth: XS S M L XL	Youth
Adult: S M L XL	Adult: S M L XL	Adult

Please be sure to select the proper uniform size, as mistakes cannot be corrected without significant cost to YOU. Uniforms will be ordered by the size YOU select. Sizes vary, depending on stock from vendors, we cannot guarantee any item. Corrections to uniform sizes can be made through the last day of registration, Saturday, March 7. We will have UNIFORM Samples at the field house during player evaluations and during open registration (last two Saturdays in February and first Saturday in March from 9-12).

Primary Parent/Guardian Name _____

Home Phone _____ Work _____ Cell _____

E-Mail _____

Our League is Only as strong as our Volunteers!

Volunteer? (Circle One) COACH TEAM PARENT OTHER: _____

Secondary Parent/Guardian Name _____

Home Phone _____ Work _____ Cell _____

E-Mail _____

Our League is Only as strong as our Volunteers!

Volunteer? (Circle One) COACH TEAM PARENT OTHER: _____

FOR MEDICAL TREATMENT

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

_____
Signature of Parent/Guardian

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the City of Huntsville Recreation Services Department and Huntsville Patriot League. Recognizing the possibility of physical injury associated with sports and in consideration for the Huntsville Patriot League accepting the registrant injury associated with Sports Programs and activities. I, hereby release, discharge and/or otherwise indemnify the league, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian: _____
Print

_____ _____
Signature Date

Paid amount: _____ Check# _____ Cash receipt# _____ Received by: _____