

CSRA YOUTH BASEBALL LEAGUE

2010 FALL REGISTRATION

Date:

Player Name:

Address:

State/Province:

Zip/Postal Code:

Date of Birth:

Home Phone:

Cell Phone:

Email:

AGE GROUP

Age as of May 1st 2011

10 & Under

11-12

13-14

\$55 Fee Per Player

Special Requests:

Player lives with:

- Both
- Mother only
- Father only

Parent(s) Name:

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

Email:

Person to Notify in Case of Emergency

Name:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

PLEASE LIST ANY PHYSICAL LIMITATIONS OR CHRONIC ILLNESS:

My child named above is in good physical health and has my permission to participate in the CSRA Baseball league. I authorize my child's coach or other adult to transport my child for medical attention if I cannot be reached. I, the parent legal guardian of the above registrant acknowledge my understanding that the CSRA Baseball League does not carry medical or health insurance. Further, I acknowledge my understanding that athletic activities do include or involve risk of accidents and bodily injury. Accordingly, I accept full responsibility for medical treatment and the associated cost that may be required as a result of injuries sustained during participation in CSRA Baseball league.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE ONLY:	FEES PAID _____	Team _____	Staff Initials _____
	Check # _____	Age Group _____	
	Cash receipt # _____	Coach _____	

\$55 Fee Per Player

Make Checks Payable:
CSRA Baseball
3170 Balki Trail
Graniteville, SC 29829