


PLAY BALL- POLSON BASEBALL REGISTRATION - 2012

Complete **entire** form **and** initial/date consent for treatment section and Parent/Gaurdian Letter on back of this form

REGISTRATION: Polson High School February 28th and March 1st 2012, 530 to 8 pm

You Must include payment or the registration form will not be processed

Age as of May 1, 2012 _____			Please Circle the size your child wears	
T-Ball 5-6 years old		\$40.00	T-Ball, Rookies, Minors, Majors and Babe Ruth	
Rookies 7-8 years old		\$50.00	Shirt: Youth S M L XL	
Minors 9-10 years old		\$55.00	Adult S M L XL	
Majors 11-12 years old		\$60.00	Minors, Majors, and Babe Ruth	
Babe Ruth 13-15 years old		\$75.00	Pants: Youth S M L XL	
			Adult S M L XL	
 Player Information			Parent Information	
Name:			Parent/Gaurdian:	
Date of Birth:			Address:	
Gender: Male or Female			City:	
Address:			Home #:	
City:			Other #:	
Home Phone:			Work #:	
Other Phone:			Email:	
School:			Emergency Contact:	
Number of Years Played:			I WILL VOLUNTEER TO:	
List any allergies:				
REQUIRED MEDICATIONS:			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> * If uniform items are not returned as required you will be charged for non returned items. </div>	
Insurance Company:				Coach
Provider Number:				Asst. Coach
Ethnic Background*:				Concessions
* Optional information- intended for grant writing purposes				Team Parent
			Umpire	
			Return pants: Minors, Majors, and Babe Ruth	

Consent for Treatment

I understand that there are inherent risks in playing the sport of baseball. Injuries include minor sprains & strains, fractures, eye injuries, concussions, paralysis or even death. I acknowledge that my son/daughter is participating in Polson Youth Baseball (PYB). I also understand that PYB will provide major medical insurance with a \$100.00 deductible for treatment of injuries sustained while participating in organized practices or games. I further understand that no coach, umpire or member of PYB board will be financially responsible for any injuries that occur. By signing below, I have read the above statement and understand the risks. I also herby authorize a representative of PYB to use his/her judgment in obtaining immediate medical care for my child if there is an accident/injury and I cannot immediately be reached.

Parent/Gaurdian: _____ Date: _____



PYB ADMINISTRATION ONLY:
 Paid at registration? Yes No Check# _____ M/O _____ Cash Receipt# _____