

POLSON BASEBALL REGISTRATION 2020

Complete the entire form and sign. By signing you acknowledge you have read the Consent for Treatment section and Parent/Guardian Letter (attached to this form or available online at www.polsonbaseball.org).

REGISTRATION: Bring completed registration and payment to sign up sessions or registration may be mailed **with payment** and, if a new player to the league, a copy of Birth Certificate to POLSON BASEBALL, PO BOX 1304, POLSON, MT 59860. Mailed or hand-delivered registrations must be received by March 15, 2019. If received after this date, uniform is not guaranteed.

Player Information

Name:	School Attending:
Date of Birth:	Years Played:
Gender:	List any Allergies:
Address:	Medications Required:
	Medical Insurance Company:
Ethnic/Race Background**:	

**optional information – not required to answer

Age of Player as of May 1, 2020 _____

Check age group of Player

T-Ball	5-6 years old	<input type="checkbox"/>	\$50.00
Rookie	7-8 years old	<input type="checkbox"/>	\$60.00
Minor	9-10 years old	<input type="checkbox"/>	\$65.00
Major	11-12 years old	<input type="checkbox"/>	\$70.00
Babe Ruth	13-15 years old	<input type="checkbox"/>	\$130.00

Please Circle the Size your Player wears

Shirt (All Age Groups):

YOUTH Small Medium Large X-Large
ADULT Small Medium Large X-Large

Pants (Minors, Majors, and Babe Ruth Only):

YOUTH Small Medium Large X-Large
ADULT Small Medium Large X-Large

Parent/Guardian Information

Name:	Preferred Phone: cell or land line
Address (if different from player address above):	Alternate Phone: cell or land line
	Preferred communication: TEXT CALL
	Email (required):

Emergency Contact

Name:	Phone:
Relationship to Player:	

CONSENT FOR TREATMENT

I understand that there are inherent risks in playing the sport of baseball. Injuries may include minor sprains and strains, fractures, eye injuries, concussions, paralysis or even death. I acknowledge that my son/daughter is participating in Polson Baseball. I also understand that Polson Baseball 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 Polson Baseball 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 hereby authorize a representative of Polson Baseball 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.

Please be advised there are no **Refunds** after MARCH 31, 2020 due to uniform orders/roster costs.

Parent/Guardian: _____ Date: _____

POLSON BASEBALL ADMINISTRATION ONLY:

Birth Certificate Verified: YES NO _____
 Paid at Registration? YES NO Check # _____ Money Order Cash
 Receipt # _____

