

Parent Name: _____ Email: _____ Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____ Interested in Coaching? _____

Child Name	Birthdate	Shirt Size	Sock Size	Hat Size	Sport	Notes
		YS YM YL				
		AS AM AL AXL S M L Child Adult			S B T	
		YS YM YL				
		AS AM AL AXL S M L Child Adult			S B T	
		YS YM YL				
		AS AM AL AXL S M L Child Adult			S B T	
		YS YM YL				
		AS AM AL AXL S M L Child Adult			S B T	

Amount Paid: \$ _____ Cash Check Check #: _____

Disclaimer - My/our child/children are interested in playing BASEBALL or SOFTBALL in the Plain City Area Baseball Association.

Having been informed of the Plain City Area Baseball Association, to provide supervised baseball/softball games for your child/children, I/we, the parents/guardian of the above child/children, do hereby give my/our approval for our child's/children's participation in any and all of the activities during the current season. I/we do assume all risk and hazards incidental further hereby release, absolve, indemnify, and hold harmless the sponsors, coaches, supervisors, and league officers, any or all of them. In case of injury to my/our child/children, I/we hereby waive all claims against the officers, sponsors, coaches, or any of the supervisors appointed by them. I/we likewise release from the responsibility, any person transporting my/our child/children to or from activities.

- We are in a position to furnish upon request by the league officials, a certified copy of the birth certificate of the child/children listed above.
- There is a registration fee for each child. The fee includes insurance and must be paid the time of registration.
- I/we have read the Parent's code of conduct and do hereby agree to abide by the guidelines contained therein. I/we realize that if we do not abide by these guidelines that my/our child/children may be prohibited from participating in practices or games without a refund of any portion of my/our child's/children's registration fee(s).

This registration form must be signed by the above named child's/children's parent/parents or guardian/guardians, and all fees must be paid before the child/children are eligible.

Father's/Guardian Name: _____ OR Mother's/Guardian Name: _____

Signature: _____ Signature: _____

Date: _____