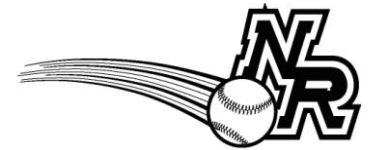


North Royalton Baseball Boosters



2012 City Recreation Baseball Registration Form

Open to North Royalton Residents & Eligible Non-Residents Only

Player's Name: _____

Address: _____

City: _____ Zip: _____

Male: ___ Female: ___ Height: _____ Weight: _____

Birth Date: ___ / ___ / ___ Current Grade: _____

School: _____

Player Lives With: Both Parents: ___ Father: ___ Mother: ___ Other: _____

Father's Name: _____ Phone: _____ Cell: _____

Email: _____

Mother's Name: _____ Phone: _____ Cell: _____

Email: _____

In case of emergency, when parents/guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Indicate League Choice: _____ * See Registration Instructions for League Changes and Age Groups

* All Leagues are subject to be cancelled due to lack of player registration, players have option to be placed in another league or a refund.

Played Last Year: Yes No League: _____ Team/Coach: _____

Did You Pitch on a Regular Basis: Yes No Catcher: Yes No Position _____

Other Activities You are Involved In: _____

Would a Parent Like to Help: Yes No Sponsor a Team: Yes No

Manage: _____ Assistant Coach: _____ Umpire: _____

* Please Indicate Which Parent Would Like to Help.

Medical Information

Physician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

Medical Coverage Company: _____ Phone: () _____

Policy Holder: _____ Policy No.: _____ Group No.: _____

List Any Medical Conditions or Allergies: _____

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with sports and/or the sudden illness at an event, and in consideration for the city of North Royalton and its affiliates accepting the registrant for its baseball/softball program, I hereby release, discharge, and/or otherwise indemnify the City of North Royalton, North Royalton Baseball Boosters, and affiliated organizations, coaches, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for baseball/softball, against any claim by or on behalf of the registrant as a result of the registrant's participation in the baseball/softball program and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found capable of participating in the baseball/softball program. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

I HAVE READ AND AGREE TO ADHERE TO THE PARENT CODE OF ETHICS INCLUDED WITH THIS REGISTRATION

Signature of Custodial Parent/Legal Guardian: _____ Date: _____

NRBB Use Only Amount Paid: _____ Cash / Check #: _____ Date: _____ Age: _____

NRBB Use Only
Boys
Rookie
B 7
B 8
B 9
B 10
B 11-12
B 13-14
B 15-18
TRV

NRBB Use Only
Girls
Rookie
G 7-8
SP 9-10
MP 11-12
MP 13-14
FP-HS

NRBB Use Only
CO-ED
16-20