

Empire/Glen Arbor – Cedar – Maple City

Application to Play Leelanau County Youth League Softball/Baseball

Select One: TEE-BALL PEEWEE COLTS JR.GIRLS MD. GIRLS / _____ AGE (on or before May 1st)

PLAYERS NAME: _____ D.O.B.: _____ / Male Female

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MOM's#: _____ DAD's#: _____ Text: Yes No

Email Address: _____

I/We the parents/guardian of the above candidate for a position on a Youth League team, hereby give my/our child approval to participate in any and all Youth League activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve indemnify and agree to hold harmless the local Youth League, Little League Baseball, Incorporated, the Organizers, Sponsors, Coaches, Supervisors, Participants and persons transporting my/our child to and from activities, for any claims arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a copy of a certified birth certificate of the above named candidate to League Officials

Parent/Guardian Name (printed): _____ Parent/Guardian Name (signed): _____

By typing your name on the signature lines below, and submitting this baseball application form, you are signing this baseball application form electronically. You agree that your electronic signature is the legal equivalent of your handwritten signature.

MEDICAL TREATMENT CONSENT

I, _____ the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that personnel may be unable to contact me for my consent for emergency medical care: I hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Date: _____ Parent Signature: _____

By typing your name on the signature lines below, and submitting this baseball application form, you are signing this baseball application form electronically. You agree that your electronic signature is the legal equivalent of your handwritten signature.

EMERGENCY INFORMATION

PARTICIPANTS EMERGENCY CONTACTS:

NAME & PHONE#: _____

NAME & PHONE#: _____

Child's Doctor: _____ Phone Number: _____

Please detail any special medical information: _____

VOLUNTEERS NEEDED

Select One: COACH ASSISTANT COACH UMPIRE (for PeeWee/Jr Girls) SCORE KEEPER (1/Team)

TEAM PARENT (Coordinate Field Prep, Shirt Assignment & Pickup for 1 team)

Form can be emailed to: gebaseball@empireareacommunitycenter.org
mcbaseball@empireareacommunitycenter.org

Form can be sent along with money to: Youth Baseball/Softball
9555 S. Nash Road
Maple City, MI 49664

Uniforms are to be returned at the last game. A \$25 charge may apply for all unreturned uniforms.