

2019 3B Fall League Registration Form

Please Make Checks (player=\$50 each (7U, 9U, 11U); \$60 each (13U, 16U)) Payable to:
3B Baseball, P.O. Box 528, Temperance, MI 48182

ALL AGES ARE PRIOR TO 5/1/2019 PHOTO COPIES OF BIRTH CERTIFICATE MUST BE SUPPLIED
UPON REQUEST BY LEAGUE OFFICIAL

PLAYER'S NAME (PLEASE PRINT): _____

BIRTHDATE: _____ AGE PRIOR TO 5/1/19: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

Individual Player: Yes No Team: _____

MEDICAL INFORMATION

FATHER'S/GUARDIAN'S NAME: _____ HOME PHONE: _____

ALT. PHONE: _____

MOTHER'S/GUARDIAN'S NAME: _____ HOME PHONE: _____

ALT. PHONE: _____

NAME OF HEALTH INSURANCE CO. _____

IF PARENTS CAN'T BE REACHED, PLEASE LIST (2) OTHER ADULTS WHO CAN BE CONTACTED:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PLEASE LIST ALL MEDICAL INFORMATION OF WHICH THE COACHES SHOULD BE AWARE WHILE SUPERVISING YOUR CHILD
(ALLERGIES, EPILEPSY, ASTHMA, DIABETES, MEDICATION, ETC.)

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the child named. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact the parent or guardian in the most expeditious way possible. If said physician is not able to reach a parent or guardian, the treatment necessary for the best interest of the child may be given. In the event that an emergency arises during games or practices, an effort will be made to contact the parent or guardian as soon as possible. Participants are NOT insured by 3-B. Parents are responsible for all medical expenses incurred. I hereby give permission for my child to participate in 3-B Fall League in the year 2019 and hereby release and discharge the 3-B League, its Directors/Officials, Officers, Managers, Coaches and other members from any and all liability for injuries received by my child in the course of such participation and I do hereby further agree to indemnify and save harmless the same from and against all loss or expense, including costs and attorney fees on account of any such injury.

I have read and understand and agree to the above

(Parent/Guardian signature): _____ Date: _____