

Champions League - Player Registration Form

Player Info

Player Name					
Date of Birth		Male/Female		Height	

Shirt Size (circle one)	Youth Small 6-8	Youth Med 10-12	Adult Small	Adult Medium	Adult Large
	Youth Large 14-16		Adult XL	Adult 2XL	Adult 3XL

Pant Size (circle one)	Youth XS 4-5	Youth Small 6-8	Adult Small	Adult Medium	Adult Large
	Youth Med 10-12	Youth Lg 14-16	Adult XL	Adult 2XL	Adult 3XL

Shoe Size (circle one)	Small: Shoe Size 12-4	Medium: Shoe Size 4-8	Large: Shoe Size 8-12
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Address

Address				
City/Zip			Phone ()	
Township (circle one)	Fall Creek	Adams	Green	Other

We may have the opportunity to play in 2 or 3 Champions League special events/travel games in the Indianapolis area. Would you be willing to have your child participate? Circle: Yes No

Parent/Guardian Info

Name		Name	
Relationship		Relationship	
Phone	()	Phone	()
Email		Email	
Volunteer	Y N	Volunteer	Y N

Medical Info

Please describe any medical conditions the league/manager should be aware of:

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| <ol style="list-style-type: none"> 1. I, the parent/guardian of the above-mentioned player, hereby give my approval to participate in any and all PJB activities, 2. I agree to have the league do a background check on me if I am selected to be a volunteer. 3. I agree to abide by the league policies set forth by the PJB Board of Directors, and I have received, read and agree to abide by the Parent Code of Conduct provided to me with this registration. | <ol style="list-style-type: none"> 4. I know that participation in baseball and softball may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless PJB, USSSA, Town of Pendleton, Park Board, the organizers, sponsors, supervisors, and participants from any claim arising out of any injury to my child whether the result of negligence or for any other cause. |
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Parent/Guardian signature _____