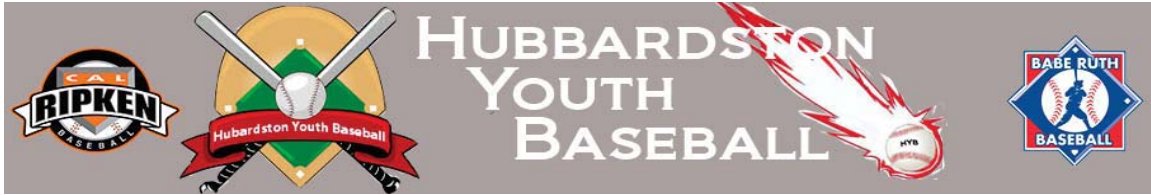


2018 SPRING REGISTRATION - Deadline February 28, 2018



PO BOX 391, HUBBARDSTON, MA 01452
WWW.HUBBBASEBALL.COM

Player Information

*** Please Print ***

CONSENT FOR TREATMENT (Medical Release Form) is required. Please visit our "Registration" section on our website and bring to the first practice.

Last Name: First Name: Gender:

Address: Town/City: Zip:

Birth Date: Home Phone: Cell Phone:

Baseball age as of April 30, 2018

Softball age as of December 31, 2017

Select shirt size: YS YM YL AS AM AL AXL

(Check One)	Ages	Fee
Baseball		
<input type="checkbox"/> T-Ball	Ages 4-6	\$35.00
<input type="checkbox"/> Rookie Baseball (Coach Pitch)	Ages 7-8	\$45.00
<input type="checkbox"/> Minor Baseball	Ages 8-11	\$55.00
<input type="checkbox"/> Minor North	Ages 10-11	\$55.00
<input type="checkbox"/> Major Baseball	Ages 10-12	\$75.00
Softball		
<input type="checkbox"/> Minor Softball 8U (Coach Pitch)	Ages 6-8	\$45.00
<input type="checkbox"/> Minor Softball 10U	Ages 9-10	\$55.00

1. I/we the parents/guardians of the above child, hereby give my/our approval to participate in Hubbardston Youth Baseball activities, including transportation to and from activities.

2. I/we know that participation in baseball/softball may result in injury. Protective equipment does not prevent all injuries to players. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless the Hubbardston Youth Baseball League, the organizers, sponsors, supervisors, participants, and persons transporting my child to or from activities from any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.

3. I/we agree to return upon request the uniform or other equipment issued to my/our child in as good a condition as when received except normal wear and tear.

I/we agree with the above

Send your payment, birth certificate (new registrants only) and **CONSENT FOR TREATMENT (Medical Release Form)** to Hubbardston Youth Baseball, PO Box 391, Hubbardston, MA 01452.

Family Discount (\$5 per child (including first) after first child registration)

Scholarships available - please submit your request in writing to Hubbardston Youth Baseball Board of Directors, PO Box 391, Hubbardston, MA 01452.

REFUND POLICY - Refunds will be granted PRIOR to 2/17/2017 minus a \$10.00 processing fee. Any refund request made after 2/17/2017 will be made MINUS the cost of the uniform and processing fee.

Parent/Guardian Information

Mother's Name: Father's Name:

Email 1: Email 2:

Phone number 1: Phone number 2:

Signature: _____ Date: _____

Your help is needed! (Please check off in which capacity you can help) Coach Assistant Coach Other _____

Volunteer name: Phone number:

Please complete a CORI form to volunteer. Located in the "Forms" section of our website www.hubbbaseball.com