

2011  
Baseball/Softball Registration Form

Board Member: \_\_\_\_\_ Signup#: \_\_\_\_\_

**Softball cutoff date is Jan 1 2011**  
**Baseball cutoff date is Apr 30th 2011**

(Please print)

Player's name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age as of cutoff date \_\_\_\_\_  
 Male    Female    (circle one)

<b>Official use only!</b>	
<b>Do not fill out!</b>	
T-Ball	_____
7-8	_____
9-10	_____
11-12	_____
13-14	_____
15&Up	_____
10&Under	_____
12&Under	_____
14&Under	_____
18&Under	_____

**Release/Contract/Medical Authorization**

We, the parents of the above named child, make's application for a position on the Lawson Baseball/Softball Association League, to participate in the practices, games, travel and related activities during the current season, the undersigned hereby, release, indemnify and hold harmless the Lawson Baseball/Softball Association League, its officers, directors, agents, members and employees from all actions, causes of action, damages, claims, or demands which we, our heirs, executors, and administrators may have against the Lawson Baseball/Softball Association League, for all personal injuries and property damage know which the child has or may incur by participating in any of the above described activities.

We are attaching a copy of a birth certificate, or have in the past. We certify that the child is the proper age to play in the group indicated.

We hereby consent and authorize the manager or coach of the child's team to obtain emergency medical treatment including examination or hospitalization for my child in the event it should be necessary and we are unavailable, and to commit us to pay for such treatment if necessary for such time as our child is under the care and custody of the manager or coach. This document must be signed. A parent or legal guardian must be preset and every practice and game or the child will not play. The undersigned have read this release and understand all of its terms. We execute it voluntarily and with full knowledge of its significance.

Name of family physician \_\_\_\_\_ Check# \_\_\_\_\_  
 Significant past illness or injury \_\_\_\_\_ Cash: \_\_\_\_\_  
 Parents/Guardians signature \_\_\_\_\_ WPL \_\_\_\_\_

- Out Town
- In Town
- Paid \$5.00

The city of Lawson requires all out of town residents to pay an additional \$5.00

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