



Youth Baseball/Softball Registration Form

This registration is for: **Youth Baseball:** _____ **Girl's Softball:** _____ **T-ball:** _____

Youth's Name: _____ Date of Birth: _____

Name of last School Attended: _____ Most Recent Grade: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Sex: Male _____ Female _____

No. of years participated in organized baseball/softball: _____ League participated in last year: _____

Bats with: Right Hand _____ Left Hand _____ Throws with: Right Hand _____ Left Hand _____

Street Address: _____ City: _____ State: _____ Zip: _____

Would you like to be a volunteer Coach? Yes _____ No _____ Telephone #: _____

Please describe any health problems or special circumstances that league officials should be aware of:

ALL REQUESTS MUST BE SUBMITTED IN WRITING ON THE DPD FRIENDSHIP REQUEST FORM

Parental Information

Mother's Name _____ Home Ph. _____ Work Ph. _____

Father's Name _____ Home Ph. _____ Work Ph. _____

Name of Legal Guardian _____ Home Ph. _____ Work Ph. _____

Email Address (s) _____

In Case of Emergency Contact

Name _____ Home/Cell Ph. _____ Work Ph. _____

I/We the parents/legal guardians of the above named child hereby give our permission for him/her to participate in the DeKalb Park District Youth Baseball/Girl's Softball program and any and all league activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of 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.

 Signature of Parent/Legal Guardian Date

Medical Care Information

Doctor's Name _____

Phone # _____

EMERGENCY MEDICAL CARE AUTHORIZATION
 In case of emergency and parents/legal guardian and/or physician cannot be contacted. I authorize league officials/coaches to transport my child to the nearest hospital/medical facility and give permission for said hospital/medical facility to give my child emergency care treatment.

 Signature of Parent/Legal Guardian Date