



Madison Baseball Association Registration Form

Mail Registration Form To:
Madison Baseball Association
P.O. Box 456
Madison, Alabama 35758
www.madisonbaseball.org

(Name: Last, First, Middle, Preferred) (Gender) (Date of Birth) (Today's Date)

Age on **April 30** of this year: _____ Years Played Baseball: _____

League **LAST** Year: T-Ball Prep Rookie Minor Major Babe Ruth _____
(Team last year)

League **THIS** Year: T-Ball Prep Rookie Minor Major Babe Ruth
Age on **April 30**: 4-5 6 7-8 9-10 11-12 13-15

Player to play up in age division? Yes Parent/Guardian signature waiving liability: _____

Special Notes: T-Ball Only (coach/teammate request): _____

Other requests (no to specific coach, option status, etc.) are to be sent to Registrar@madisonbaseball.org

Please complete this address/contact section. It will be provided to your child's coach. Please print clearly.

(Street Address) (City) (State) (Zip)

(Father/Guardian) (Home Phone) (Work Phone) (Cell Phone) (Email Address)

(Mother/Guardian) (Home Phone) (Work Phone) (Cell Phone) (Email Address)

Additional Email Addresses: _____

Physical Problems/Restrictions: _____

Medications: _____

(Physician) (Physician's Phone) (Insured By)

(Emergency Contact: Name) (Phone)

Player Uniform

Shirt: YS YM YL YXL AS AM AL AXL AXXL

T-Ball/Prep
Elastic Waist Pants: YXS YS YM YL YXL AS AM AL AXL AXXL

Rookie/ Minor/ Major/ Babe Ruth
Zipper Belted Pants: YXS YS YM YL YXL AS AM AL AXL AXXL

Hat: Child Youth Adult

Socks: Child Youth Adult

(Official Use Only)

(Coach) T-Ball Prep Rookie Minor Major Babe Ruth _____
(League) (Team) (Age)

I/we, the undersigned parent(s) of the participant, do hereby authorize the coaches or team member parents consent to such medical treatment as necessary when acting as recreation supervisor for the participant. In case of emergency I/we hereby authorize treatment or care of registered player at ANY hospital. If there is an emergency and we cannot be reached, please contact the emergency contact specified. I/we hereby give my/our approval for his/her participation in any and all activities during the current season. I/we assume all risks and hazards incidental to such participation including transportation to and from such activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local recreation department, coaches, the organizers, supervisors, participants and persons transporting my/our child to/from activities for claim rising out of an injury to my/our child, except to the extent covered by accident or liability insurance.

In addition, I/we agree to abide by the Parent Code of Ethics as posted on the Madison Baseball Association web site.

(Parent/Guardian Signature)

Sponsor a Team: Yes
Buy a Field Sign: Yes

Parent Volunteers: I would like to:

Coach Yes Help Coach Yes
MUST fill out Coaches Application and attend certification class

Team Mom Yes

Registration Fee Calculator (Official Use Only)

Registration/Uniform/Operating Fee: _____

Multi-Child Discount: - _____
(starts with 3rd child)

Amount from Sibling(s) form(s): + _____

Amount Due: = _____

Check #: _____ **Amount Paid:** _____

Sibling(s) Name(s): _____

Birth Certificate Verified: _____ **Date:** _____
(City must have a copy on file)