



2009 Pokers Fall Baseball Player Registration Form

PLEASE PRINT

Player Name: _____ Birth Date: ____/____/____

First Middle Last

Home Address: _____ Apt # _____ Age on 04/30/09 _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School Attending: _____ Grade: _____ High School: _____

Name of League or program played in this year: _____

Primary Position Played: _____ Do You Pitch (Y/N) _____ Catch (Y/N) _____

Uniform (t-shirt) Top: __S __M __L __XL __XXL

Player lives with: Both ____ Mother: ____ Father: ____

Fathers Name: _____ Mothers Name: _____

Day or Cell Phone: _____

Email: _____

Evening Phone (Same?) _____

Alternate Address: _____

City/State/Zip: _____

My company might like to be a team sponsor ____ My company may be interested in advertising in team program ____ Please Contact:

Company: _____ Phone Number: _____

Contact Name: _____ Email: _____

MEDICAL RELEASE:

As parent/legal guardian of the above player, I hereby give consent for any emergency medical treatment as approved by his/her manager, coach or any other Adult escort in case of illness or injury while participating in league activities such as practice, travel or tournament play during the baseball season. I also hereby give my consent and approval to his/her participation in any/all Pokers Baseball activities. I assume all risks and hazards incidental to such participation in any/all activities and hereby waive, release and agree to hold harmless NEBA, Pokers Baseball Club, its board of Directors, manager, coaches and volunteer participants, from any claim arising from any accidental injury to the above player.

Signed: _____ Relationship: _____ Date: _____

Health Insurance Co: _____ Policy/Group #: _____

Physician Contact Name: _____ Physician Phone: _____

Checks Payable: NEBA 235 Meriden Rd. Waterbury, CT 06705 (please do NOT send cash)