

# FALL BALL 2010

SPRING LEAGUE \_\_\_\_\_

SPRING TEAM \_\_\_\_\_

\*\*\*\*To be completed by LZBSA league official\*\*\*\*

Date App. Filed / /

Amt. Paid \_\_\_\_\_

Check No. \_\_\_\_\_

Check Amt. \_\_\_\_\_

Birth Cert. \_\_\_\_\_

## LZBSA 2010 REGISTRATION

Player's Name: \_\_\_\_\_ ( ) Male ( ) Female

Player's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Dad's First Name: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Mom's First Name: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Medical Emergency Authorization

To whom it may concern: As a parent/legal guardian, I herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Date or dates when release is intended: 2010 Baseball/Softball season.

Name of Minor: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illness, or other conditions: \_\_\_\_\_

If I am not available contact: \_\_\_\_\_ Phone: \_\_\_\_\_

This release form is completed and signed of my own free will with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of parent or legal guardian: \_\_\_\_\_

### \*\*\*\*Disclaimer\*\*\*\*

I, as a parent, understand that LZBSA disclaims any financial responsibility for the cost of doctors, hospitals, ambulances or paramedics, etc., arising by virtue of any injury to my child while participating in a game or in preparation for a game.

I further understand we are not covered by any insurance policies while a participant or spectator.

My child \_\_\_\_\_ has my permission to participate in the 2010 LZBSA season.

Signature of parent or legal guardian: \_\_\_\_\_

### Volunteer Support

Each year you have the opportunity to volunteer your time. These opportunities include, but are not limited to: manager, coach or team parent. If you would like more information about these opportunities please contact a league official. If interested, please check:

( ) Manager ( ) Coach ( ) Team Parent ( ) Team Sponsor ( ) Other \_\_\_\_\_

Does ballplayer play in a spring sport? Y or N If so, which one? \_\_\_\_\_

**MAIL COMPLETED FORM WITH \$70 CHECK to:  
LZBSA, PO BOX 411, LAKE ZURICH, IL 60047**