

WEST SEMINOLE BASEBALL REGISTRATION FORM

PLEASE PRINT AND COMPLETE ALL REQUESTED INFORMATION ON THIS FORM.
READ AND SIGN PARENT SECTIONS & MEDICAL RELEASE FORM ON THE BACK

Player: _____ Date: _____
Last Name First Name Middle Name

Desired Uniform Number (1) _____ (2) _____ (3) _____ Current Division: _____

Sex: Male or Female Date of Birth: _____ Lives with: Mother / Father / Both / Other

Division/Team/Year last played Returning Player New Player

Father's Name: _____ Other: _____

Address: _____

City/State/Zip _____

Home# _____ Cell# _____ Work# _____

Occupation: _____

E-mail Address: _____

Mother's Name: _____ Other: _____

Address: _____

City/State/Zip _____

Home# _____ Cell# _____ Work# _____

Occupation: _____

E-mail Address: _____

Please list additional sports/activities in which your child will be involved during the season including any potential external conflicts:

COMMENTS: _____

Pants requested: _____
Pants paid amount: _____
Board member initials: _____

**Would you like to pay for a concession substitute in advance to avoid serving concession duty during the season?
_____ Yes _____ No (if Yes, add \$30 per child registering).

I WOULD LIKE TO MAKE A TAX DEDUCTIBLE DONATION TO WEST SEMINOLE BASEBALL TO BE APPLIED TO ALL STARS, SPECIAL PROJECTS, ETC. Amount _____ Applied to: _____

*Fundraising and sponsorships are a very important part of the baseball program in that it provides financing for league play, field maintenance, capital projects, All Star activities and umpires which, in turn, helps to keep registration fee low. Please consider assisting us in these areas if the opportunity arises for you to do so. Thank you.

Internal Use Only
Check # _____ Cash _____ Registration Fee _____ Concession Fee _____
PROCESSED BY: _____ BIRTH CERTIFICATE VERIFIED BY: _____ DATE/TIME: _____

WEST SEMINOLE BASEBALL

I/We, the parent(s)/guardians of _____, who is registered to play on a WSB baseball team, hereby give our approval to participate in any planned WSB activities. I/We assume all risks and hazards incidental to participation, including transportation to and from these activities. I/We do release, absolve, indemnify, and agree to hold harmless, West Seminole Baseball, Dixie Baseball, Inc. organizers, sponsors, supervisors, participants, spectators and persons transporting 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. I/We understand the league insurance is **supplemental** to my/or existing accident and liability insurance. I/We understand WSB requires **spectators as well as participants** to conduct themselves in a proper manner. I/We agree to exhibit good sportsmanship at all times. Inappropriate behavior, including, but not limited to, foul language, harassment or disrespecting players/coaches/umpires/other spectators, etc., **WILL NOT** be tolerated and could result in expulsion from the WSB facility.

I/We agree to participate in the operation of the concession stand (approximately 2-4 hours per child) & other WSB activities throughout the year that are assigned to my/our child's team. My/our failure to fulfill these responsibilities could lead to an in-season playing suspension of the above named player.

****IMPORTANT: Please be aware that NO REFUNDS will be provided after tryouts have been completed****

A \$35 (thirty five dollar) fine shall be imposed for failure to perform concession duty, and the Player shall not be allowed to play until such fine is paid.

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

MEDIA RELEASE

I hereby grant permission to the Board of Directors at West Seminole Baseball and its coaches to use his/her name and photographs of my child's activities during West Seminole Baseball functions in forms such as display panels, videos, brochures, advertisements and website. I agree that I am to receive no compensation for my child's appearance. I also understand that my child's participation confers on me no ownership rights to the photographs or negatives whatsoever. **Please Sign Below for Media Release**

Legal Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL RELEASE

Medical Insurance Company _____ Policy # _____

Player's Physician name & phone _____ Current tetanus shot? _____

Current Medications _____ Allergies to: _____

In the event that emergency treatment is necessary and I/we are unavailable, I/we authorize West Seminole Baseball, its coaches or representatives to seek qualified medical assistance and act as guardians on my child's behalf. I/we understand WSB will make reasonable efforts to inform me/us of this situation and action.

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____