GENEVA BASEBALL ASSOCIATION
2010 REGISTRATION FORM
Please print clearly

PLAYER INFORMATION (ONE FORM PER PLAYER)

PLAYER'S NAME (last, first, middle initial)

DATE OF BIRTH	AGE as of 7/31/10	GRADE (FALL09)

ADDRESS

CITY, ZIP	SUBDIVISION

Special Medical Instructions (pre-existing conditions/medicines/etc.):

PARENTS OR GUARDIANS INFORMATION:

PRIMARY CONTACT - NAME:

HOME PHONE:	CELL PHONE:

WORK PHONE:

E-MAIL ADDRESS:

SECONDARY CONTACT - NAME:

HOME PHONE:	CELL PHONE:

WORK PHONE:

E-MAIL ADDRESS:

DID PLAYER PARTICIPATE IN GENEVA BASEBALL IN 2008? **YES** ***or*** **NO**

PARENT/GUARDIAN INFORMATION **SIGNATURES REQUIRED**

HOLD HARMLESS AGREEMENT

I/We the undersigned recognize and acknowledge that baseball is a game in which there are risks of injury to the participants. Because of this and desiring that the above named player participate in GENEVA BASEBALL, I/we agree that I/we shall indemnify and save the GENEVA BASEBALL ASSOCIATION, IT'S OFFICERS, BOARD MEMBERS AND MANAGERS harmless for any and all liability, for damages due to injuries or otherwise, including death, sustained by the above named player arising directly or indirectly from participation as a player in said league. I/We further agree to procure and maintain in full force and effect a suitable policy for health and accident insurance covering said named player during his/her participation in the GENEVA BASEBALL ASSOCIATION.

I acknowledge that I have read, understand and agree to the rules printed above.

*******Signature of Parent/Guardian*******

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POWER OF ATTORNEY FOR CONSENT TO TREATMENT OF MINORS

To whom it may concern: This is to certify that I/We do hereby constitute and appoint Geneva Baseball Association or any of its appointed agents to authorize and consent to the administration of any emergency medical treatment deemed necessary by qualified medical personnel on the below named minor during the baseball season beginning April 1, 2009.

Name of Minor: _____

*******Signature of Parent/Guardian*******

_____

Please list one additional emergency contact:

Name/Relationship _____

Telephone Number _____

Parent's Pledge

I hereby pledge to provide support, care and encouragement for my child participating in Geneva Baseball. I will support the coaches working with my child in order to encourage a positive and enjoyable experience for all. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and umpires at every game and practice. I will also ask my child to treat other players, coaches, and umpires with respect. Above all else, I will do my very best to make baseball fun for my child.

Player's Pledge

I hereby pledge as a player in Geneva Baseball that I will show respect towards my teammates, opposing players, and umpires at all times. I will do my best to listen and learn from my coaches. I will play fair and strive to win, but win or lose I will always do my best. Above all else, I will remember that baseball is a game and is an opportunity to learn and have fun.

****Signature of Parent/Guardian****

_____ **Date** _____

B-DAY DATES	LEAGUE Circle preferred league for this player	AGE*	LEAGUE FEE	CHECK HERE IF TRAVEL PLAYER (Ages 10-14) $200 Travel Fee will be collected by team manager	Mandatory Fundraiser buy-out fee (fundraiser ended in October 2008)	TOTAL DUE AT REGISTRATION
8/1/04 - 7/31/05	Tee-Ball	5	$85	N/A	$75	League fee _____
8/1/02 - 7/31/04	Rookie	6 - 7	$95	N/A		
8/1/01 - 7/31/02	Minor 8	8	$115	N/A		Fundraiser buy-out fee $75.00
8/1/00 - 7/31/01	Minor 9	9	$115	N/A		
8/1/99 - 7/31/00	Minor 10	10	$115			TOTAL AMOUNT DUE:
8/1/97 - 7/31/99	Major	11 - 12	$125			$_____
8/1/95 - 7/31/97	Pony	13 - 14	$125			
8/1/92 - 7/31/95	Colt	15 - 17	$145	N/A	N/A	

***AGE AS OF 7/31/10 (PLAYERS MAY PLAY WITH THEIR SCHOOL GRADE LEVEL) MAXIMUM FAMILY LEAGUE FEE IS $295 (excluding travel fee and fundraiser buy-out)**

GBA rep. initials_____ PAID AMT._____ CHECK#_____ OR CASH DATE REC._____