

2020 T-Ball Registration Form

Boys & Girls Ages 4-6 as of 1/1/20

Registration Cutoff Date: 3/31/20

Fee: \$25 per payer



Player's Name: _____ Grade: _____ Age: _____

Date of Birth: _____ (Circle): Female or Male

Allergies: _____ T-shirt Size: _____

Player's Name: _____ Grade: _____ Age: _____

Date of Birth: _____ (Circle): Female or Male

Allergies: _____ T-shirt Size: _____

Player's Name: _____ Grade: _____ Age: _____

Date of Birth: _____ (Circle): Female or Male

Allergies: _____ T-shirt Size: _____

Parents/Legal Guardians: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I'm interested in being: Head Coach _____ Assistant Coach _____

The Valparaiso American Legion and VABA will again be providing Baseball/Softball Sports Accident Insurance for boys and girls; however it is recommended that each participant have their own insurance as well.

INFORMED CONSENT

I hereby give permission for my child to participate in the Valparaiso Area Baseball/Softball Program. I assume all risks and hazards associated with this sport and I do hereby waive, release, indemnify and hold harmless all coaches, assistants, umpires or members of the Valparaiso Area Ball Association from any claim arising out of injuries that may occur from participation. I authorize volunteer emergency treatment of an injury to or illness of my child. I have received a copy of the concussion facts handout. I also have received the parent code of conduct, and agree to the terms of the parent code of conduct.

Parent or Guardian Signature: _____

Total Paid: _____ Check # _____ Cash _____