AVLBL/DTAA
Senior 13/14 Registration
2012

Mail-In Registration: AVLBL, PO Box 25, Ringoes NJ 08551
Deadline: 03/03/12

Player Name:_____ _____
Last First

Address:_____ _____ _____
Street City State

Phone:_____ _____ _____
Home Cell Email

Birth Date:_____ School and Grade:_____

Parent Name(s) _____

Emergency Contact Information:_____ _____
Name Phone

Physician Emergency Contact:_____ _____
Doctor Phone

Medical conditions concerning the players ability to play baseball safely-

_____

Registration fees are $175.00 payable to AVLBL. Players are responsible for their own white pants.

Player shirt size (circle one) XL L M S

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the player being registered, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

_____ _____ _____
Parent/Guardian Name Print Signature Date

GENERAL RELEASE/AGREEMENT

I, the parent or guardian of the registrant, and the player, agree to abide by the rules and regulations of the AVLBL &Delaware Township Athletic Association. I am aware of the possibility of physical injury and assume the risk associated with the AVLBL &DTAA activities. In consideration of the opportunity to participate and other adequate considerations, I release, hold harmless and agree to indemnify the AVLBL & DTAA, it's volunteers and associated personnel, including the owners and maintainers of the fields and facilities against the claims by or on behalf of the registrant directly or indirectly related to this AVLBL/DTAA activity. I authorize transportation to and from the activity.

_____ _____ _____
Parent/Guardian Name Print Signature Date