

Clarence Travel Baseball

www.clarencebaseball.org

2009 Tournament Registration Form

Team Name: _____

Age Division: Circle One. 9 10 11 12 13 14 15 16

9U July 9 - 12 10U July 23-26 11U July 16-19 12U July 30 – Aug 2
13U July 30–Aug 2 14U July 9-12 15U July 23-26 16U TBA

Organization: _____

Coaches Name: _____ Ph# _____

Address: _____

E-Mail Address: _____

2009 Entrance Fee's are as follows:

\$250.00 if you are participating in the 2009 Clarence Travel League Regular Season
\$300.00 if you are NOT Participating in the 2009 Clarence Travel League Regular Season

Checks should be made payable to Clarence Travel Baseball.

Mail to:

Clarence Travel Baseball
184 Ferndale Road
Williamsville NY 14221

Entrance Fee is due in full 30 days prior to your tournament date.

Any questions regarding registration can directed to: Ron White: Phone # 741-9916
Royce Calhoun: Phone # 634-7512

I/We, the parents/guardians/Manager/Coach of the above-named team, hereby give my/our approval to participate in any and all Clarence Travel Baseball League activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Organizer, The Clarence Travel Baseball League and the Town of Clarence Baseball Association, All Volunteers, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Office Use Only

Check #: _____ Amount Paid: _____ Date: _____

Check received from: _____