Clarence Travel Baseball

2010 Regular Season Registration

www.clarencetravelbaseball.com

Team Name: _____

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

Organization: _____

Coaches Name: _____ Ph # _____

Address: _____

E-Mail Address: _____

Mail completed registration to: Clarence Travel Baseball
184 Ferndale Road
Williamsville, NY 14221

League Fee of $125.00 is due in full by **March 31, 2010**

Checks should be made payable to **Clarence Travel Baseball**

Proof of insurance is required to participate in the Clarence Travel League. Mail a copy of your Certificate of Insurance to the above address. A copy must be on file prior to your first game.

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

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: _____