



ESSEX MINOR BASEBALL ASSOCIATION 2012 REGISTRATION FORM

PLAYER INFORMATION

Name: _____ Sex: _____ Birth Date: _____
 Address: _____
 Town/Postal Code: _____ Email Address: _____
 Home Phone Number: _____ Health Card Number: _____

EMBA INFORMATION

SHIRT SIZE - 2012 (Circle one)

Division Recommended for 2012: _____ Youth S M L * Men S M L XL

Would your child like to be called for travel tryouts?
 Yes No

INTERESTED IN HELPING?

Coach _____ Travel Assistant Coach Umpire _____ Level 1
 House League Score Keeper _____ Level 2

PARENTAL CONSENT / AGREEMENT

I the undersigned, agree to the following terms: In consideration of the Essex Minor Baseball Association, its officers and members, organizing and conducting a sports programme for boys and girls do hereby release and forever discharge the said Baseball Association, its officers and members, from any liability or claim which may arise through the injury to, or death of, our son and/or daughter while participating in the said sports programme, or under the supervision or care of the Association, its officers or members. We promise and covenant to indemnify and save harmless the Essex Minor Baseball Association, its officers or members, from any claim, action or suit that may be brought by our son or daughter, arising out of injury sustained while participating in the said programme, or under the supervision or care of the said Association, or its officers or members.

IN THE EVENT OF AN ACCIDENT/INJURY I GIVE PERMISSION TO EMBA TO SEEK MEDICAL ATTENTION FOR MY SON/DAUGHTER

PARENT/GUARDIAN: _____ SIGNATURE
 (Please print)

CASH AMOUNT: _____ SINGLE DOUBLE
 CHEQUE # _____ T-BALL FAMILY

 LEAGUE OFFICER

EMBA NOTES: _____