

**MESQUITE BASEBALL INC.  
PLAYER REGISTRATION CARD**

PLAYER \_\_\_\_\_ BORN \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) MO/ DAY/ YR

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**I DO HEREBY AGREE TO PLAY WITH ANY TEAM TO WHICH I AM ASSIGNED BY LEAGUE OFFICIALS**

PLAYER SIGNATURE \_\_\_\_\_

**PARENTAL AUTHORIZATION**

I, PARENT OR GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A BASEBALL TEAM, HEREBY GIVE APPROVAL TO PARTICIPATE IN ANY AND ALL LEAGUE ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE PLAYER, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT AND/OR LIABILITY INSURANCE HELD BY THE LOCAL LEAGUE.

I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR AT OTHER TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

I AGREE TO RETURN UPON REQUEST THE UNIFORM AND OTHER EQUIPMENT ISSUED TO THE PLAYER IN AS GOOD A CONDITION AS WHEN RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR.

I WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE-NAMED CANDIDATE UPON REQUEST BY LEAGUE OFFICIALS.

I UNDERSTAND THAT EACH TEAM MANAGER (NOT THE LEAGUE) IS SOLELY RESPONSIBLE FOR ALL FINANCIAL MATTERS PERTAINING TO HIS OR HER TEAM.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN) (RELATIONSHIP TO PLAYER) (DATE)

LEAGUE/TEAM \_\_\_\_\_  
AGE LEVEL TEAM NAME

**ATTACH PLAYER'S PHOTOGRAPH HERE**

