

Protected by \_\_\_\_\_  
(Internal use only)

**UNIVERSITY HILLS OPTIMIST BASEBALL  
LEAGUE PLAYER REGISTRATION FORM**

Registration # \_\_\_\_\_  
(Internal use only)

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ (As of April 30th of **THIS YEAR**)

Telephone Number \_\_\_\_\_ Birthday \_\_\_\_\_  
(child's birthday - not yours)

School \_\_\_\_\_ Grade \_\_\_\_\_

Number of Seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

**Child lives with:** (circle one) Both Parents ---- Father ---- Mother ---- Guardian --- Other \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
Home Work Cell Home Work Cell

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_  
(In Case the Parent or Guardian cannot be reached)

Special Requests or Comments \_\_\_\_\_

<p style="text-align: center;">Consent For Medical Treatment (Minor)</p> <p>As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.</p> <p>Signature _____ Date _____</p>	<p><b>Parental Support</b></p> <p><input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Mother <input type="checkbox"/> Team Father</p>	<p><b>Parental Support</b></p> <p><input type="checkbox"/> Sponsor a Team <input type="checkbox"/> Umpire (Volunteer) <input type="checkbox"/> Umpire (Paid) <input type="checkbox"/> Field Maintenance</p>
<p>I/We, the parents and or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless this league, University Hills Optimist Club, Pony Baseball, Inc., the organizers, directors, sponsors, and participants; for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance, I/WE understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. If requested, I/We will furnish a certified birth certificate of the above named candidate to league officials.</p> <p>Signature _____ Date _____</p>	<p style="text-align: center;"><b>FOR LEAGUE OFFICIALS USE ONLY</b></p> <p><input type="checkbox"/> Cash</p> <p>Amount Due _____ Amount Paid _____ Balance Due _____ To be paid on _____ Date _____ Initial _____</p>	<p style="text-align: center;"><b>FOR LEAGUE OFFICIALS USE ONLY</b></p> <p><input type="checkbox"/> Check # _____</p> <p>Amount Due _____ Amount Paid _____ Balance Due _____ To be paid on _____ Date _____ Initial _____</p>