

Highland Baseball Club Little League – Fall 2014

Player's Full Name _____ **Phone:** _____

Address: _____ **Zip:** _____

Current Age: _____ **Date of Birth:** _____ **Grade:** _____

	Father's Information	Mother's Information
Name		
Home Address	<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above
E-mail Address		
Home/Cell Number		

Leagues and Registration Fees:

League	Age (as of April 30 th 2015)	Oldest Child	2nd child	Additional children
T-Ball (Pitching Machine)	4 - 6	\$55.00	\$55.00	\$55.00
Rookie	7 and 8	\$55.00	\$55.00	\$55.00
Minor**	9 - 11	\$55.00	\$55.00	\$55.00

** If a child was 11 years old on 4/30/2014 and played in the spring minor league, they are eligible to play fall minor league.

Each entry fee includes: Hat & t-shirt

Uniform Information:

Youth Small	<input type="checkbox"/>	Adult Small	<input type="checkbox"/>
Youth Medium	<input type="checkbox"/>	Adult Medium	<input type="checkbox"/>
Youth Large	<input type="checkbox"/>	Adult Large	<input type="checkbox"/>
Youth X-Large	<input type="checkbox"/>		

NOTICE:

- **No registration fee refunds will be issued after September 1, 2014.**
- **The HBC league will not provide batting helmets for individuals to use during practice or games.**
- **ALL PARENTS WILL BE REQUIRED TO VOLUNTEER WORK TIME EITHER DURING WORK DAY, CONCESSIONS, OR FUND RAISING EVENTS.**

Please indicate any medical information that would require special needs for this player:

Highland Baseball Club Little League – Fall 2014

Player's Full Name: _____

The success of Highland Baseball Club would not be possible without the parents/guardians volunteering to assist in the operation. Please indicate which areas in which you would be willing to help with: ***(ALL parents will be assigned concession stand duties during home games)***

Coaching: <input type="checkbox"/>	Asst Coach: <input type="checkbox"/>	Golf Scramble: <input type="checkbox"/>
Wiffle War: <input type="checkbox"/>	Concession Stands: <input type="checkbox"/>	Fall Festival: <input type="checkbox"/>
Field Maintenance: <input type="checkbox"/>	Slug Fest Tournaments: <input type="checkbox"/>	Sponsorships/Grants: <input type="checkbox"/>
Building/Grounds: <input type="checkbox"/>		

We are always in need of people with special talents. Please list any special skills and/or abilities you may have to contribute to Highland Baseball Club: (such as electrician, plumbers, carpenters, own heavy equipment, computer skills, etc.) _____

I am interested in being a team sponsor or outfield banner sponsor: (please circle)

Business Name: _____ Phone: _____

Contact Person: _____

I/We the parents or legal guardian (s) of the above named youth, hereby gives my/our approval for his/her participation in any and all activities of the Highland Baseball Club during the current session. I/We assume all risks and hazards incidental to the conduct of said activities of the Club including transportation to and from such activities. In the event of injury, or illness to any/our child, I/We in accordance with the Health Care Consent Law, Indiana Code 16-8-12-5 hereby grant authority to the Highland Baseball Club to consent to medical treatment for my/our child by a dully licensed health care provider as necessary in any/our absence. My/our child takes the following medications and/or has the following drug allergies and /or has the following health conditions:

_____.

I/We agree to be financially responsible for all reasonable charges for health care rendered pursuant to this authorization. I/We, have read this document in its entirety and understand that it is a legal document whereby and wherein I/We grant specific permission and legal rights to the Highland Baseball Club, it's directors, and agents regarding my/our interest and the interest of my/our child.

Parent/Legal Guardian signature

Date

Parent/Legal Guardian signature

Date

ADMINISTRATIVE USE:

Amount Paid: \$	No# of Players:	League(s):
Check no#:	Cash:	
Board Member Initials:		