

CITY OF CAPE CORAL BASEBALL LEAGUE BASEBALL PLAYER REGISTRATION FORM

PLAYERS NAME

FIRST	LAST	MIDDLE
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PLAYERS ADDRESS:	BIRTHDATE:
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CITY:	STATE:	ZIP:
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PARENTS MAIN PHONE:	EMAIL:
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DRIVERS LICENSE IF PAYING BY CHECK # _____

PARENT WOULD BE INTERESTED IN: MANAGING _____ COACHING _____ SPONSORING _____

PARENT INFORMATION

FATHER'S FULL NAME	CELL PHONE:	
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MOTHER'S FULL NAME	CELL PHONE:	
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EMERGENCY CONTACT INFORMATION

Other than ABOVE PARENTS! A contact in the event of illness of injury to you or the player.

NAME: _____

TELEPHONE: _____

MEDICAL AUTHORIZATION

In case of an emergency, or if my family physician can not be reached, I hereby authorize my child to receive medical treatment by another licensed physician available.

PHYSICIANS NAME	PHYSICIANS PHONE NUMBER
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DATE:	PRINT SIGNED NAME	SIGNATURE * 1 of 3
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Please list any allergies/medical problems, including those requiring maintenance medication (i.e.diabetic, asthma etc.)

MEDICAL DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY OF DOSAGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, I hereby, for myself, my heir, executors and assigns do waive, release and hold the City of Cape Coral harmless from all claims or causes of action for damages suffered by me while participating in any activities, whether known or unknown, I understand that I am assuming the risk for any damage to my property which I may sustain while participating. If I should suffer any injury or illness, I authorize the employees of the City of Cape Coral, Parks & Recreation Department, to use discretion in having me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video picture or any other material related to the event for publicity, promotion or news purposes.

DATE	_____ * 2 of 3 SIGNATURE PARENT OR GUARDIAN'S SIGNATURE
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OFFICE USE ONLY	<input type="checkbox"/> REGULAR SEASON
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BIRTH CERTIFICATE		D.O.B	PAYMENT METHOD	AMOUNT PAID
<input type="checkbox"/> Needed		L.AGE	<input type="checkbox"/> Cash	\$
<input type="checkbox"/> Attached			<input type="checkbox"/> Check # _____	

I WOULD BE INTERESTED IN HELPING THE LEAGUE BY:

Team Sponsor (\$150) _____	Banner Sponsorship (3'x6' \$300) _____	Team & Banner Combo (\$425) _____
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