

Trenton Baseball Association

2009 Registration

Please check one		Previously Played in TBA		Health Insurance Co.		Checks to:		TBA Use Only:	
<input type="checkbox"/>	Softball	<i>Must be age 7 on 1/1/09</i>		Year: _____		Policy Number _____		TBA	
<input type="checkbox"/>	Baseball	<i>Must be age 6 on 4/30/09</i>		GM's Initials: _____				Cost	
Player Information				Family Physician				\$70 - 1st player	
Player's Name _____				Name _____				\$35 - Any next player	
Address _____				Address _____				After 3/7/09	
City _____				City _____				\$80 - 1st player	
Birth date _____				Office Phone _____				\$40 - Any next player	
Primary Phone _____				Medical Information				Mail Form & Check to:	
E-mail Address _____				Please complete the following:				TBA - 1831 Vernon	
Parent's Name _____				Has player had or presently have any of the following:				Trenton, MI 48183-1917	
Jersey Size			Jersey # Preference			<input type="checkbox"/> Head injury - Concussions, skull fractures		Injuries to:	
Youth		Adult	List 3 in order			<input type="checkbox"/> Fainting spells		<input type="checkbox"/> Shoulder	
<input type="checkbox"/> Small 6-8	<input type="checkbox"/> Small				<input type="checkbox"/> Convulsions/Epilepsy		<input type="checkbox"/> Knee		
<input type="checkbox"/> Medium 10-12	<input type="checkbox"/> Medium				<input type="checkbox"/> Neck or back injury		<input type="checkbox"/> Ankle		
<input type="checkbox"/> Large 14-16	<input type="checkbox"/> Large	If your interested in Coaching Please contact Rick Tanguay at 734-676-3236			<input type="checkbox"/> Asthma		<input type="checkbox"/> Finger		
	<input type="checkbox"/> X-Large				<input type="checkbox"/> High blood pressure		<input type="checkbox"/> Arm		
	<input type="checkbox"/> 2X-Large				<input type="checkbox"/> Kidney problems		<input type="checkbox"/> Other		
	<input type="checkbox"/> 3X-Large			<input type="checkbox"/> Hernia		<input type="checkbox"/> Poor vision			
Emergency Contact				<input type="checkbox"/> Diabetes				<input type="checkbox"/> Poor Hearing	
Name _____				Allergies: Specify _____					
Phone _____				Medications: _____				<input type="checkbox"/> Other	
Relationship _____				<input type="checkbox"/> Immunization current? Yes or No				Player cannot participate if immunizations are not current	
Participation Agreements									
As the parent of the above named candidate for a position on a Trenton Baseball Association team, I hereby give my approval to participate in any and all league activities in the proper division. I acknowledge that there is a risk that my child may be injured while playing softball/baseball and that it is my responsibility to see that my child wears personal safety equipment. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Trenton Baseball Association, the coaches, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause to the extent and in the amount covered by accident or liability insurance. I agree to return upon request any uniform and other equipment issued to my child. I will furnish a certified birth certificate of the above named candidate to league officials.									
Authorization for Emergency Medical Treatment									
I hereby authorize any hospital or emergency treatment facility to provide emergency treatment for the above named child for injuries sustained while playing softball or baseball.									
Parent Signature: _____						Date: _____			