

Trenton Baseball Association

2010 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 1/1/10</i>	Year: _____	Policy Name _____	TBA	Division
<input type="checkbox"/> Baseball	<i>Must be age 7 on 4/30/10</i>	GM's Initials: _____	Policy Number _____	Cost	
<input type="checkbox"/> 6 Year Instructional	<i>Must be age 6 on 4/30/10</i>			\$100 per Player	Age
Player Information			Family Physician	After 3/31/10	
Player's Name _____			Name _____	\$120 per Player	
Address _____			Address _____		
City _____			City _____		Reg Info:
Birth date _____			Office Phone _____		Check#
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	Amount
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		<input type="checkbox"/> Asthma	<input type="checkbox"/> Finger	
	<input type="checkbox"/> X-Large	If your interested in Coaching	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Arm	Date Recvd
	<input type="checkbox"/> 2X-Large	Please contact Rick Tanguay	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Other	
	<input type="checkbox"/> 3X-Large	at 734-676-3236	<input type="checkbox"/> Hernia	<input type="checkbox"/> Poor vision	Order of Receipt
Emergency Contact			<input type="checkbox"/> Diabetes	<input type="checkbox"/> Poor Hearing	
Name _____			Allergies: Specify _____	<input type="checkbox"/> Other	
Phone _____			Medications: _____		
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:** _____