



*East Valley Baseball, Chandler*  
**REGISTRATION TO PLAY BASEBALL**  
 FOR LOCAL LEAGUE USE ONLY (Please Print)



Date \_\_\_\_\_  Male  
 Female  
 Player's **LAST** Name \_\_\_\_\_ **FIRST** Name \_\_\_\_\_  
 Address \_\_\_\_\_ School Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ League Age \_\_\_\_\_ Best Phone (\_\_\_\_) \_\_\_\_\_

***Parent's or Legal Guardian's Information***

Mom's Name \_\_\_\_\_ Mom's Occupation \_\_\_\_\_  
 Mom's Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency # \_\_\_\_\_  
 Mom will volunteer to help:  League  Team  Coach  Are you kidding?  
 Dad's Name \_\_\_\_\_ Dad's Occupation \_\_\_\_\_  
 Dad's Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_ 2<sup>nd</sup> Emergency # \_\_\_\_\_  
 Dad will volunteer to help:  League  Team  Coach  Are you kidding?

I/We the parent(s) of the above named candidate for a position on a baseball team, hereby give my/our approval to participate in any and all baseball activities, including transportation to and from the activities. I/We authorize East Valley Baseball, Chandler, to use or release e-mail or fax information, and/or photography for the purpose of promotion, communication or as deemed necessary by East Valley Baseball, Chandler representatives.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless East Valley Baseball, Chandler, the organizers, sponsors, participants and persons transporting my/our children to and from activities for any claim arising out of any 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 or liability insurance. In Case of Emergency, I/We hereby give our consent for all medical care prescribed by a duly licensed Doctor of Medicine for the player indicated above. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of player. I/We understand that this registration does not include hospitalization insurance.

FAMILY PHYSICIAN: \_\_\_\_\_ INSURANCE CARRIER: \_\_\_\_\_ INSURANCE I.D. NUMBER \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ DATE OF LAST TETANUS BOOSTER: \_\_\_\_\_

**I/We understand that no refunds will be available.**

Parent(s) or Guardian Signature: X \_\_\_\_\_ X \_\_\_\_\_

**Do Not Write Below This Line: (For League Use Only)**

**Division:**  T-Ball (3 - 5)  Rookie A (6 - 7)  Rookie AA (6 - 7)  Farm A (8 - 9)  Minor A (8 - 9)  Minor AA (10 - 11)  Major AA (12 - 13)  Major AAA (14 - 15)

**Team FEE:** \$ \_\_\_\_\_

**Individual PLAYER FEE:** \$ \_\_\_\_\_

**OUT OF AREA**

**PAYMENT METHOD** Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Credit Cards** (go to [www.eastvalleybaseball.net](http://www.eastvalleybaseball.net) follow "Make A Donation" button)

We accept Master Card, Visa, Discover and American Express. Please calculate and include a 4% fee for credit card payments.

All credit cards are run through Pay Pal. There will be a \$35.00 fee for ALL returned checks.