



East Valley Baseball, Chandler
APPLICATION 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 (____) _____
As of May 1 League Year

Child's Preference to play with: Coach _____ Player _____
Print Name Print Name

Referred by: _____
(Name and address of person who referred you to EVBB (if applicable))

Player's **Shirt Size** **YOUTH:** **S** **M** **L** **OR ADULT:** **S** **M** **L** **XL**
(8-9) (10-12) (14-16)

Parent's or Legal Guardian's Information

Mom's Name _____ Mom's Occupation _____

Mom's Employer _____ Mom's Work Phone _____ Cell # _____

Mom will volunteer to help: League Team Coach Board of Directors

Dad's Name _____ Dad's Occupation _____

Dad's Employer _____ Dad's Work Phone _____ Cell # _____

Dad will volunteer to help: League Team Coach Board of Directors

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 Rookie A Rookie AA Farm A Farm AA Minor Major
(3 - 5) (6 - 7) (6 - 7) (8 - 9) (8 - 9) (10 - 11) (12 - 13)

PLAYER FEE: \$ _____ **OUT OF AREA**

No Refunds

PAYMENT METHOD Check # _____ Cash _____

Credit Cards (go to 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.