

NORTHAMPTON BASEBALL & SOFTBALL

2018 PLAYER REGISTRATION

Use this form to register all children in your family who wish to play baseball or softball

REGISTER ONLINE @ www.NBSL.org

Registrations will be accepted on first-come, first-serve basis

- 1 Please complete one registration form per family
- 2 Please make checks payable to Northampton Baseball & Softball (NBSL)
- 3 Complete a medical release form for each player listed below
- 4 Mail completed registration, code of conduct & medical form(s):
Northampton Baseball & Softball
PO Box 347
Leeds, MA 01053

2018 PLAYER TUITION COSTS	
Rookies/Coaches Pitch - Age 6-7-8-9	\$ 100.00
Baseball - age 9-10-11-12-13	\$ 125.00
Baseball - age 14-15-16	\$ 140.00
Softball - age 8-9-10-11-12-13-14-15	\$ 125.00
<i>Northampton Baseball Club (tryout fee)</i>	\$ 25.00
<i>DIVISIONAL PLACEMENT IS EVALUATION BASED NBSL makes all divisional placement decisions</i>	

Questions: info@NBSL.org

CHILD'S FIRST & LAST NAME	Grade & School	M / F	DATE OF BIRTH MM/DD/YYYY	BASEBALL or SOFTBALL	TUITION COST See above
Maximum Family Cap = \$300.00 for Spring 2018 season (for all children/all divisions, NBC excluded)					TOTAL DUE

PARENT / GUARDIAN # 1

PARENT / GUARDIAN # 2

FIRST & LAST NAME		
MAILING ADDRESS		
CITY, STATE, ZIP		
HOME PHONE		
MOBILE PHONE		
EMAIL ADDRESS write legibly		

ADULT VOLUNTEER PARTICIPATION IS ESSENTIAL TO THIS PROGRAM OPERATING SUCCESSFULLY

Your support is crucial to the children within this program - please circle your interest level

I'D BE INTERESTED IN COACHING

I'D BE INTERESTED IN UMPIRING

**** TRAINING IS PROVIDED FOR ALL COACHES & UMPIRES ****

I/We the parents or legal guardian of the candidate(s) named on this application, for a position on a league team hereby give my/our approval to participate in any and all league activities, including transportation to and from activities. I/We know that participation in Baseball or Softball may result in serious injury and protective equipment does not prevent all injuries to players and hereby waive, release, absolve, indemnify and agree to hold harmless the local league, its national partners, the organizers, sponsors, supervisors, participants and persons transportation my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to abide by the principles outlined in the Code of Conduct.

PARENT/GUARDIAN SIGNATURE _____

DATE _____



Northampton Baseball & Softball MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.