

FALL BALL 2011

SPRING LEAGUE _____

SPRING TEAM _____

****To be completed by LZBSA league official****				
Date App. Filed	/	/		
Amt. Paid				
Check No.				
Check Amt.				
Birth Cert.				

LZBSA 2011 REGISTRATION

Player's Name: _____ () Male () Female

Player's Address: _____

City: _____ Zip: _____

Subdivision: _____ School: _____

Date of Birth: _____ Home Phone: _____

Dad's First Name: _____ Business/Cell Phone: _____

Mom's First Name: _____ Business/Cell Phone: _____

Email address: _____

Medical Emergency Authorization

To whom it may concern: As a parent/legal guardian, I herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Date or dates when release is intended: 2011 Baseball/Softball season.

Name of Minor: _____

Physician's Name: _____ Phone: _____

Specific medical allergies, chronic illness, or other conditions: _____

If I am not available contact: _____ Phone: _____

This release form is completed and signed of my own free will with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of parent or legal guardian: _____

****Disclaimer****

I, as a parent, understand that LZBSA disclaims any financial responsibility for the cost of doctors, hospitals, ambulances or paramedics, etc., arising by virtue of any injury to my child while participating in a game or in preparation for a game.

I further understand we are not covered by any insurance policies while a participant or spectator.

My child _____ has my permission to participate in the 2011 LZBSA season.

Signature of parent or legal guardian: _____

Volunteer Support

Each year you have the opportunity to volunteer your time. These opportunities include, but are not limited to: manager, coach or team parent. If you would like more information about these opportunities please contact a league official. If interested, please check:

() Manager () Coach () Team Parent () Team Sponsor () Other _____

Does your child participate in a fall sports program? Yes or No If so, which one? _____