

## MINOOKA 2009 FALL BASEBALL REGISTRATION

Check One (1)

- \_\_\_\_\_ **Pinto (born between May 1, 2001 thru April 30, 2003)**  
(or younger if entering 1<sup>st</sup> or 2<sup>nd</sup> grade)
- \_\_\_\_\_ **Mustang (born between May 1, 1999 thru April 30, 2001)**  
(or younger if entering 3<sup>rd</sup> or 4<sup>th</sup> grade)
- \_\_\_\_\_ **Bronco (born between May 1, 1997 thru April 30, 1999)**  
(or younger if entering 5<sup>th</sup> or 6<sup>th</sup>)

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

<b>Fees:</b>	<b>PINTO</b>	<b>MUSTANG</b>	<b>BRONCO</b>
	<b>\$45.00</b>	<b>\$60.00</b>	<b>\$60.00</b>

**\*Fee includes t-shirt and hat**

### Medical Release Form

This is to certify that I, the parent or guardian of the above registered player, hereby grant to the adult manager, coach, assistant coach of the team the right to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. The authorization shall include all league activities including the period required to travel to and from these activities. We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Minooka Baseball and Softball Association, Pony Baseball, the organization's supervisors, participants, and persons transporting the player to and from these activities, for any claims arising out of an injury to the player.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Player:** \_\_\_\_\_