

2008 3B Baseball Registration Form

P.O. Box 528 Temperance, Michigan 48182

www.3BBASEBALL.ORG

Registration Questions call Jean Rakich (734) 847-4080

To register please mail this form along with a check or money order to the address above (or sign up at the location listed below)

Make all checks payable to: 3B Baseball All monies due at sign-ups

Fees:

Farm Division per child \$110.00 *
Pee Wee Division \$110.00 *
Minor Division \$135.00 *
Colt Division \$160.00 *

** Multiple Player Costs schedule below

***Financial Aid Available

Divisions:

Farm Ages 6, 7, & 8
Pee Wee Ages 9 & 10
Minor Ages 11 & 12
Colt Ages 13 & 14

Note: Ages Prior to May 1st 2008

Sign-ups:

February 5th, 6th, 7th
BHS Main Lobby 6pm to 8pm

Uniform Sizing:

March 1st
Carr Park Community Center
10am -4pm

- * If the registration is not received by February 11th an additional \$10.00 per child will be charged. This covers the extra individual set-up cost that is charged to 3B for the silk screening. **
- * Price includes raffle tickets and one discount card in the amount of total registration. Raffle tickets are to be sold for \$5.00 each and discount card sold for \$10.00. Seller keeps the money from the raffle tickets and discount card.
- * If not registered by February 11th, there is no guarantee your child's name will be published in the annual booklet, nor can we guarantee a uniform by the first game.
- ** Multiple child discounts only applies to siblings. To receive the discount all siblings must be registered at the same time. 2nd Player Cost is \$50.00 over most expensive Division fee being registered for. An additional \$25 cost for each additional player.
- *** Contact Michael Woolford (419) 779-1763 for questions regarding Financial Aid.

Player's Name (Please Print): _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Birth Date: _____ Age _____ **Prior to May 1st, 2008**

Parent or Guardian Name: _____

E-mail Address: _____

Emergency Phone #: _____

If remaining in the same division (please mark one):

Division: _____

_____ I want to stay on the same team (team name): _____

_____ I want to be placed into the "draft" (last years team) _____

_____ I am being "sponsored" on a team (team name): _____

Please list the three positions you have played most: 1. _____ 2. _____ 3. _____

If moving up to the next division (please mark one):

Division: _____

_____ I want to be placed into the "draft"

_____ I am being "sponsored" on a team (team name): _____

Please list the three positions you have played most: 1. _____ 2. _____ 3. _____

!!! Please complete reverse side for required medical information !!!

3B USE ONLY-----DO NOT WRITE BELOW THIS LINE-----3B USE ONLY

Registration Amount Received: _____ Check #: _____ Birth Certificate on File: _____

Patron Amount Received: _____ Cash: _____ Received by: _____

Total Amount Received: _____ 1st Childs Division: _____ 3rd Childs Division: _____

of Children Registered: _____ 2nd Childs Division: _____ 4th Childs Division: _____

Please fill out all medical information below or your child/children will not be eligible to play.

Please Note: A photocopy of a birth certificate MUST be supplied with this registration for ALL NEW players.

Medical Information

Father/Guardian's Name: _____ Home Phone #: _____
Occupation: _____ Work/Alternate Phone# _____
Mother/Guardian's Name: _____ Home Phone #: _____
Occupation: _____ Work/Alternate Phone# _____

Name of Health Insurance Company: _____

If parents/guardians cannot be reached, please list two other adults who may be contacted:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please list all medical information, of which the coaches should be aware of while supervising your children (allergies, epilepsy, Asthma, diabetes, heart condition, medications, bee stings, etc): _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, immunizations for the child/children listed above. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact the parent or guardian in the most expeditious way possible. If said physician is not able to reach a parent or guardian, the treatment necessary for the best interest of the child may be given. In the event that an emergency arises during a game or practice, an effort will be made to contact the parent or guardian as soon as possible. Participants are not insured by 3B. Parents are responsible for all medical expenses incurred.

I hereby give permission for my child to participate in 3B in the year 2008 and hereby release and discharge the 3B League, its Directors, Officers, Managers, Coaches, Umpires, and other members from any and all liability for injuries received by my child in the course of such participation and I do hereby further agree to indemnify and save harmless the same from and against all loss or expense, including costs and attorney fees, on account of any such injury.

I have read, understand, and agree to the above. Parent/Guardian Signature **X** _____

Date: _____