

# **KNOTHOLE 2009 3-B REGISTRATION FORM**

Please Make Checks Payable to: 3-B Baseball

I P.O. Box 528 Temperance, MI 48182

Person to Contact Dave Hottmann, Director 419-283-9284 ALL AGES ARE PRIOR TO  
5/1/09 PHOTO COPIES OF BIRTH CERTIFICATE MUST BE SUPPLIED IF NOT  
SUPPLIED IN 2008 AGES 15-18

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**ALL REGISTRATIONS MUST BE RECEIVED BY APRIL 30, 2009 WITH CHECK IN  
THE AMOUNT OF \$185.00. PRICE INCLUDES RAFFLE TICKETS AND ONE  
DISCOUNT CARD. RAFFLE TICKETS ARE SOLD FOR \$5 EACH AND THE  
DISCOUNT CARD FOR \$10. THE SELLER KEEPS THE MONEY.**

PLAYER'S NAME (PLEASE PRINT) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE PRIOR TO 5/01/09 \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Team Preference \_\_\_\_\_ Coach Preference \_\_\_\_\_

**MEDICAL INFORMATION**

FATHER'S/GUARDIAN'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORKPHONE \_\_\_\_\_

MOTHER'S/GUARDIAN'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

NAME OF HEALTH INSURANCE CO. \_\_\_\_\_  
IF PARENTS CAN'T BE REACHED, PLEASE LIST (2) OTHER ADULTS WHO CAN BE CONTACTED:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE LIST ALL MEDICAL INFORMATION OF WHICH THE COACHES SHOULD BE AWARE WHILE SUPERVISING YOUR CHILD (ALLERGIES, EPILEPSY, ASTHMA, DIABETES, MEDICATION, ETC.)  
Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the child named. 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 games or practices, an effort will be made to contact the parent or guardian as soon as possible. Participants are NOT insured by 3-B. Parents are responsible for all medical expenses incurred. I hereby give permission for my child to participate in 3-B in the year 2008 and hereby release and discharge the 3-B League, its Directors, Officers, Managers, Coaches 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 the from and against all loss or expense, including costs and attorney fees on account of any such injury.

I have read and understand and agree to the above (Parent/Guardian

Signature) \_\_\_\_\_