

# KNOTHOLE 2010 3-B REGISTRATION FORM

Please Make Checks Payable to: 3-B Baseball

P.O. Box 528 Temperance, MI 48182

Person to Contact Dave Hottmann, Director 419-283-9284 ALL AGES ARE PRIOR TO  
5/1/10 PHOTO COPIES OF BIRTH CERTIFICATE MUST BE SUPPLIED IF NOT  
SUPPLIED IN 2009 AGES 15-18

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**ALL REGISTRATIONS MUST BE RECEIVED BY APRIL 30, 2010 WITH CHECK IN  
THE AMOUNT OF \$195.00. 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 5/01/10\_\_\_\_\_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 2010 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)\_\_\_\_\_