

2012 3B Baseball Registration Form

P.O. Box 528 Temperance, Michigan 48182

www.3BBASEBALL.ORG

Registration Questions call Josh Deshuk (419) 410-7376 or email at signup@3bbaseball.org

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: | | Divisions: | | Sign-ups: |
| Farm Division per child | \$120.00 * | Farm | Ages 6, 7, & 8 | February 7 th , 8 th , & 9 th |
| Pee Wee Division | \$130.00 * | Pee Wee | Ages 9 & 10 | BHS Main Lobby 6pm to 8pm |
| Minor Division | \$150.00 * | Minor | Ages 11 & 12 | Uniform Sizing: |
| Colt Division | ****\$170.00* | Colt | Ages 13 & 14 | March 6 th and 7th |
| ** Multiple Player Costs schedule below | | Note: Ages Prior to May 1st 2012 | | Bedford Junior High Cafeteria |
| ***Financial Aid Available | | | | 6PM to 9PM |
| **** Freshman with a birthday on May 1 st or after have the option to play Colt (\$170) or Knothole (\$200) Contact Carey Rakich (419)819-0140 for details. | | | | |
- * If the registration is not received by February 9th an additional \$10.00 per child will be charged.
* Price includes raffle tickets (amount of total registration for all children) to be sold for \$5.00 each. Seller keeps the money from the tickets. Price also includes a Discount Card for area businesses to be sold if member wishes. Seller keeps the money.
** Multiple child discounts only applies to siblings. To receive the discount all siblings must be registered at the same time.
An additional \$75.00 cost for each additional player.
*** Contact Michael Woolford (734) 915-6856 for questions regarding Financial Aid.

Player's Name (Please Print): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Age Prior to May 1st, 2012
Parent or Guardian Name: _____ E-mail Address: _____

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): _____

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: Fill in only for **Colt Division**

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: _____ |
| | Cash: _____ | Received by: _____ |
| Total Amount Received: _____ | 1 st Childs Division: _____ | 3 rd Childs Division: _____ |
| # of Children Registered: _____ | 2 nd Childs Division: _____ | 4 th 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 #: _____ Work/Alternate Phone# _____

Mother/Guardian's Name: _____

Home Phone #: _____ 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 2012 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: ____ / ____ / **2012**