

San Bruno Pee Wee Baseball

2010 Registration Form

Player's Name _____
(Last) (First)

Birth Date: ____ - ____ - ____ Current Age _____ SBPW Age _____ (age as of 4/30/10)

Address (No PO Box) _____ City _____ Zip _____

School currently attending: _____ Grade: _____

Did the above child play in San Bruno Pee Wee Baseball in 2009? **Yes**, team name: _____ **No** _____

All *first time* players must participate in a player evaluation tentatively scheduled for February 6th after the evaluation the player will be entered into a player draft, you will be notified by the coach as to which team he/she has been drafted onto.

Parent Information

Parent/Legal Guardian:	Parent/Legal Guardian:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Email:	Email:

I am interested in volunteering for my team, please have someone contact me: Yes _____ No _____

Medical and Emergency Information

Emergency Contact (in case parent or guardian cannot be reached): _____

Relation to player: _____ Phone#: () _____

Medical Insurance Co.: _____ Policy #: _____

Primary Care Physician: _____ Phone#: () _____

Dentist: _____ Phone#: () _____

Medical Conditions or Allergies (if none, write "none"): _____

Registration Fees

Fees are **\$125** per player, **\$50** Tee Ball or Bat Boy. All forms must be in our office no later than January 31, 2010. Please make checks payable to **San Bruno Pee Wee Baseball** 851 Cherry #27/407 San Bruno, CA 94066. You can also visit our website at www.sanbrunopeeweebaseball.org and pay online using our Pay Pal account. There will be no refunds for games not played due to inclement weather.

I would like to request financial assistance.

New players must provide a copy of your child's birth certificate with this registration. Your child cannot participate in any league activities until the league fee has been paid, registration form completed and birth certificate is received.

PARENT'S MEDICAL RELEASE, ACKNOWLEDGEMENT & AGREEMENT

I support San Bruno Pee Wee Baseball's focus on Sportsmanship and respect for others. I hereby give my approval for my child to participate in any and all San Bruno Pee Wee Baseball activities including transportation to and from activities. I/We certify that my/our child is physically able to engage in the physical activities required by SBPW league and agree to notify SBPW of any changes in health that would prevent his/her participation. I know that participation in baseball may result in serious injuries and that protective equipment does not prevent all injuries to players, and I hereby waive, release, absolve, indemnify and agree to hold harmless San Bruno Pee Wee Baseball, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. **In case of emergency, if the Primary Care Physician cannot be reached, I hereby authorize the above noted player to be treated by another physician.** I agree to return upon request, any equipment issued to my child in as good of condition as when received, except for normal wear and tear. Players new to San Bruno Pee Wee Baseball will not be placed on a team until proof of age has been verified.

Signature of Parent or Guardian _____ **Date:** _____
(Circle one of the above)

Official Use (to be completed by Registrar): 2010 SBPW Age _____ **Team:** _____

Payment Method: Ck # _____ Cash _____ Credit Card: _____ Pay Pal: _____

Amount Paid _____ Date received _____ By _____

(New Player Only) Birth Certificate on File or received? Yes _____ No _____