

San Bruno Youth Baseball

2012 Registration Form

Player's Name _____
 (Last) (First)

Birth Date: ____ - ____ - ____ Current Age _____ SBPW Age _____ (age as of 4/30/12)

Address (No PO Box) _____ City _____ Zip _____

AGE GROUPS: ____ **11-12 Bronco** ____ **8-10 Pee Wee** ____ **6-7 Farm** ____ **4-5 Tee Ball**

Did the above child play baseball in San Bruno in 2011? **Yes**, team name: _____ No _____

Farm & Tee Ball ONLY, Does your player have a friend they want to play with? _____

All *first time* players in Pee Wee or Bronco age group must participate in a player evaluation, you will be notified of the time and location. 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: I would like to request financial assistance **Sibling discount 2nd child is \$75 for Bronco & Pee Wee, \$50 Farm**
 _____ \$135 Bronco _____ \$125 Pee Wee _____ \$100 Farm League _____ \$50 Tee Ball _____ Sibling Discount?

All Bronco & Pee Wee REGISTRATIONS ARE WAIT LIST, FARM AND TEE BALL ARE CLOSED. 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.

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): 2012 SBYB	Age _____	Division: _____	Team: _____
Sibling?: _____			
Payment Method: Ck # _____	Cash _____	Credit Card: _____	Pay Pal: _____ Amount Paid _____
Date received _____	By _____	(new player only) Birth Certificate received?	Yes _____ No _____