

**Celina Recreational Association**

**Spring Baseball Signup Form**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age on May 1st: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Tshirt Size (Circle One)      YXS    YS      YM      YL      YXL    AS      AM      AL      AXL    AXXL

Favorite Numbers      First Choice      \_\_\_\_\_      Second Choice      \_\_\_\_\_      Third Choice      \_\_\_\_\_

Are you interested in having your child play up/down?      Yes \_\_\_\_\_      No \_\_\_\_\_

Would you be interested in serving your child's team in some capacity?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please specify (team mom, dugout dad, scorekeeper, coach): \_\_\_\_\_

Can you (or someone you know) help sponsor your child's team financially?      Yes \_\_\_\_\_      No \_\_\_\_\_

Name of Parent or Guardian Responsible for Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent or Guardian Responsible for Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that registrant and I will abide by the rules of the Celina Baseball and Softball Association (CBSA) and any organizations that are affiliated with the CBSA. I recognize that there are possibilities of physical injury associated with playing and practicing this or any sport, and in consideration of the CBSA accepting the registration for its sports programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the CBSA, its affiliated organizations, their employees and associated personnel, including the board of directors of this organization and affiliated organizations, the coaches, the owners/operators of the fields and facilities and their employees utilized for the Programs, against all claims by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian: \_\_\_\_\_

Payment Type:	_____
Reg Amount:	_____
Donation:	_____
Sponsorship:	_____
Total:	_____