Adult Name	
Adult #1 First Name:	
Adult #1 Last Name:	
Adult #2 First Name:	
Adult #2 Last Name:	
Address	
Street:	
City:	
State:	
Zip:	
Email (Required)	
Email Address:	
Secondary Email:	
Telephone *xxx-xxx-xxxx*	
Home Phone:	
Business Phone:	
Cell Phone:	

Childs Information

First Name:	
Middle Name:	
Last Name:	
DOB: *mm/dd/yyyy*	
Gender:	☐ Male ☐ Female
Doctor Name:	
Phone Number:	
Emergency Contact:	
Phone Number:	
Shirt Size:	

Registration Form

- Select the league you wish to register for

- [ ] T-Ball Ages 4-6 as of 5/1/2012 (Born 5/1/05 - 4/30/08) ($20.00)
- [ ] Pee Wee Ages 7-8 as of 5/1/2012 (Born 5/1/03 - 4/30/05) ($30.00)
- [ ] Minors Ages 9-10 as of 5/1/2012 (Born 5/1/01 - 4/30/03) ($40.00)
- [ ] Majors Ages 11-12 as of 5/1/2012 (Born 5/1/99 - 4/30/01) ($40.00)
- [ ] Pony Ages 13-14 as of 5/1/2012 (Born 5/1/97 - 4/30/99) ($90.00)
- [ ] Colt Ages 15-16 as of 5/1/2012 (Born 5/1/95 - 4/30/97) ($110.00)
- [x] American Legion Ages 16-19 as of 5/1/2012 (Born 5/1/92 - 4/30/96) ($0.00)

- Comments:

- Player bats from this side of plate?

- [ ] Right
- [ ] Left

- Player throws with which arm?

- [ ] Right
- [ ] Left

- If you have a child age 13 or older would he/she like to volunteer to umpire?

- [ ] Yes
- [ ] No
- [ ] Does not apply

- Concession Stand Duty. If a parent volunteers to work in the concession stand for two different days, the $20 Concession Stand Fee will be refunded. Pony and Colt Players do not have to pay Concession Stand Fee but are required to pay a Umpire Fee. The Umpire Fee will be refunded if parents elect to work two different days in the Concession Stand.

- [ ] Concession Fee ($20.00) (T-Ball, Pee-Wee, Minors, Majors ONLY)
- [ ] Umpire Fee ($20.00) (Pony, Colt ONLY)

- A valid Birth Certificate must be available upon request by WSABL to confirm eligibility for his/her league, no exceptions permitted. Does the birthdate on record match the date on your childs Birth Certificate?

- [ ] Yes, my child has played for WSABL in the past and a birth certificate has already been provided.
- [ ] Yes, however we are new WSABL members and understand that we will be asked to provide a copy of a birth certificate to my team Head Coach at my earliest convenience.
- [ ] No, the birthdate on record is incorrect. We will contact the Board President with the correct information and will provide a copy of a birth certificate to confirm.

- Fall Baseball: Is your child interested in playing Fall Baseball?

☐ Yes

☐ No

☐ Not sure, need more information

- Pony / Colt Players ONLY. Please list 2 preferred jersey numbers

WSABL Adult Questions

- Would you be interested in being a Head Coach or Assitant Coach?

☐ Head Coach

☐ Assistant Coach

☐ None of the Above

- Would you be intested in volunteering for Pre Game and Post Game Field Prep and Maintenance - Lining the field, Dragging and Raking

☐ Yes

☐ No

- Would you like to volunteer to help with the Night at the Races Fund Raiser?

☐ Yes

☐ No

☐ Not sure, need more information.

- Would you like to volunteer to umpire.

☐ Yes

☐ No

- A One-Time-Per-Family raffle ticket fund raiser is required. Twenty-five $2 tickets will be distributed to you. Money collected through the sale of the tickets will be returned to the head coach along with the ticket stubs. WSABL will have a mandatory parent(s) meeting prior to the beginning of the season where the tickets will be distributed. Parent(s) will be notified of the meeting date, time and location via email.

☐ Raffle Tickets

Please read/accept WSABL's waiver text and sign at the bottom of the page.

Registering for WSABL Spring Baseball 2012

Having been informed of the organization of the West Sunbury Area Baseball League to provide supervised Baseball and Softball games for boys and girls. Do hereby give my/our permission to the participation in any or all risks and activities during the current season. I/we do assume all risks and hazards incidental to the conduct of the activities; and I/we do further hereby release, absolve, indemnify, and hold harmless the West Sunbury Area Baseball League, the organizers, the sponsors, or any of the supervisors appointed transporting my child to or from the activities.

I also have been advised that the West Sunbury Area Baseball League has an insurance policy that is a secondary policy only. Active only during the regular baseball season. Primary coverage of the child's current health insurance will be charged to the limits of the policy. Any excess amount of the costs due to injury above and beyond the family policy can be presented to the secondary coverage of the West Sunbury Area Baseball League but only the limits of that policy.

I have read and understand the attached letter to the parents explaining a parents role and conduct of our league. I understand the commitment I am making to this league by enrolling my child in this program.

☑ **I have read the waiver text and accept it.**

In order to facilitate matters at a local hospital or any hospital that your son/daughter may need emergency care, we are asking you to sign this consent. In case of emergency I (The parent or Guardian)give my permission to the hospital or physician to perform or Administer emergency care and treatment to my son/daughter.

☑ **I have read the Medical Release and accept it.**

Remember to conduct yourself appropriately, no alcohol is to be present at any of our fields so respect that at our competitors fields, also no explicit language will be tolerated if this happens you will be asked to leave. Remember we are here for the kids!!!

☑ **I have read the Code of Conduct and accept it.**

Other than sickness or injury, there will be a $20 non-refundable fee for withdrawl after March 15th, 2012

☑ **I have read the Refund Policy and accept it.**

Parents Signature: _____ **Date:** _____.