



Spring 2019 Youth Baseball Registration

- includes jersey and hat -

Register January 7th – February 20th

\$85.00 (4U-12U) \$100.00 (15U)

Early-bird Registration 1/7-1/14 - \$10 off - Late fee of \$25 assessed after 2/20

Players Legal Name: _____ Grade: _____

Age: _____ School: _____ DOB: _____/_____/_____

Address: _____ City: _____ Zip: _____

Medical Conditions/Concerns: _____

Age Divisions: (Please Circle)

(If the age of the player is ever questioned, the parent must submit a birth certificate to Cabot Parks and Recreation Department.)

4U-T-Ball 5U-T-Ball 6U-Coach Pitch/T-ball 8U-Coach Pitch

10U-Live Arm/Closed Base 12U-Live Arm/Open Base 15U-Live Arm/Open Base

Years Played: _____

I am interested in my child playing tournament/all-star baseball (5yrs – 15 yrs).

Jersey Size: (Please Circle) YXS YXS YS YM YL AS AM AL AXL A2XL

Hat Size: (Please Circle) Youth Adult

Parent(s) or Guardian(s) Information:

Parent(s) or Guardian(s) Name: _____

Primary Phone: _____ Cell Phone: _____

Email: _____ Cell Phone Carrier: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

I am interested in the following: (Please Circle) Head Coach Assistant Coach Team Parent

(All head coaches fill out Coaching Application. Assistants fill out Volunteer Disclosure.)

I hereby grant CPR specific permission to produce, publish, circulate, copyright or otherwise use any and all photographs and/or videotapes of me and/or my family, taken during the program, for use by CPR.

An administrative fee of \$25.00 will be applied to all refunds. No refunds given after uniforms are ordered and insurance has been paid.

By signing below, I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should my child become ill, or injured while participating in a CPR activity, and I have read, and agree to all rules and regulations.

Signature: _____ Date: _____

(The monitor will remove any parent or spectator from the facility who approaches or verbally abuses the umpires at any time.)

Printed Name: _____

Office Use Only:

Fee \$: _____ Cash Credit Card Check# _____ Receipt #: _____ Received by: _____