



Baseball Player Registration

Recreational Baseball (please note age restrictions and check one)

- Tee-Ball (Age 4 and under on May 1)
- Coach Pitch (Age 6 and under on May 1)
- Machine Pitch (8 and under on May 1)
- Kid-Pitch (Cal Ripken)(10 and under on May 1) Dependent upon # of participants and teams
- Kid-Pitch Cal Ripken (12 and under on May 1st) Dependent upon # of participants and teams

Knothole Baseball

- *Knothole Baseball - D1 (Age 9 and under on May 1)
- *Knothole Baseball - D2 (Age 9 and under on May 1)
- *Knothole Baseball - C1 (Age 11 and under on May 1)
- *Knothole Baseball - C2 (Age 11 and under on May 1)
- *Knothole Baseball - B1 (Age 13 and under on May 1)
- *Knothole Baseball - B2 (Age 13 and under on May 1)
- *Knothole Baseball - A (Age 15 and under on May 1)

*Knothole Team placement is dependent upon availability on established teams and players may be subject to player evaluation and additional fees as determined by coach (additional fees cover # of tournaments scheduled and any additional uniform needs). Players that do not end up on a knothole team will default into the Cal Ripken league unless otherwise specifically requested.

PLAYER INFORMATION

Last Name: _____ First Name: _____ Birth Date: _____ Gender: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Elementary School Attended: _____
 HVL Resident: Yes No E-Mail: _____

Special requests: _____

Special requests for teams, teammates and coaches will be considered but not guaranteed.

UNIFORM SIZE REQUEST (to be completed by HVLAC Volunteer)

Jersey Size	YS	YM	YL	AS	AM	AL	AXL	
Pants Size	YS	YM	YL	YXL	AS	AM	AL	AXL
Shoe Size (for socks)	_____							

Notes: _____

MEDICAL INFORMATION

Medical problem or notes to coach: _____

Person to notify in case of emergency: _____ phone: _____

Doctor in case of emergency: _____ phone: _____

Dentist in case of emergency: _____ phone: _____

Insurance carrier: _____ Policy # _____ phone: _____

Consent for Medical Treatment: As the parent or legal guardian of the above named player, I hereby give my 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 life, limb or well being of my dependent.

Liability Waiver: I/We hereby agree that the HVLAC, its members, coaches or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored or under the supervision of the HVLAC, its members, coaches, officers or designees of any kind, from any claim whatsoever.

I/We, the parent or guardian of the above child, who is a candidate for a position on a HVL Ball League, hereby give my/our approval for his/her participation in any and all of the activities of League play during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We, do further hereby release, absolve, indemnify and hold harmless the Hidden Valley Athletic Club, HVL POA, the organizers, the sponsors, or any of the supervisors, any of or all of them from any claim whatsoever. In case of any injury to my/our child, I/We hereby waive all claims against the organization, sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities.

I have read the above General Liability, Consent for Medical Treatment and Liability Waiver, and I hereby affix

Parent/Guardian Signature _____ Print Name _____ Date: _____

