Blanchard Little League Association
Player Registration-Baseball/Softball

Player Name: _____ **DOB:** _____

Home Address: _____

School: _____ **Grade:** _____

Age Group/Division:

T-Ball (1st)	T-Ball (2nd)	Machine Pitch	Coach Pitch	Pee Wee 10U	Midget 12U

Parent/Guardian Information:

Father/Guardian		Mother/Guardian
Address		Address
City/Zip		City/Zip
Home #		Home #
Cell #		Cell #
E-Mail		E-Mail

I, the Parent/Guardian of the registrant, a minor, agree that I, and the Registrant will abide by the rules of BLLA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth athletic programs and in consideration for the BLLA accepting their registrant for its youth sports programs, I herby release, discharge and/or otherwise indemnify the BLLA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by youth sports programs, against any claim by or on behalf of the registrant as a result of the registants participation in a youth sport program and/or being transported to or from the same, which transportation I hereby authorize.

Signature (required) **Date**

CONSENT FOR MEDICAL TREATMENT

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

Signature (required) **Date**

Volunteers

We ask for active participation of all parents in our program. Please indicate areas in which you would be willing to help.

Coach _____ **Asst. Coach** _____

Other _____

* I understand that if my behavior is inappropriate, I will be ejected from the facility or field and my child may be removed from the team. I understand that BLLA will not refund any portion of my registration fee.
* I am financially responsible for any damages done to city or school field or facility by my child(ren)
* I certify that the information I put on this form regarding my child(ren) is true and accurate. I understand that misstatements of grade and or age will result in ejection from the league with no refund.
* No player will be excluded due to financial reasons. (Contact BLLA Coordinator)

Parents Signature: _____ **Date:** _____

Make Checks Payable to BLLA (Blanchard Little League Association)
Registration Fee is $60.00 per player (No refunds) Full Payment Required

www.blanchardyouthsports.com