



2010 Hart Ransom Baseball Application

Registration: January 23, 2010 and January 30, 2010

This form should be completed, printed and brought with you on registration day. Space is limited and registration is based on a first-come, first-served basis. Submitting this form electronically does not reserve your child's space. You must attend the registration and pay the fees. Bring a copy of birth certificate to verify age of athlete. Visit the Web site, <http://hr-baseballclub.org> to see important information, schedules newsletters, forms, etc. Please email any questions to info@hr-baseballclub.org.

Player Information

Name: _____
 Birth Date: _____
 Age as of May 1, 2010: _____
 School: _____
 Did You Play at Hart Ransom Last Year: Yes No
 Parent/Guardian Name: _____

Contact Information

Street Address: _____
 City/State/ZIP: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____
 Siblings' Names: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

In the event of any injury or sickness occurring during any Hart-Ransom baseball games or activities, you authorize any official(s) of the Hart-Ransom Baseball Club to administer first aid, and if necessary to transport you child to a duly licensed physician or to a hospital to administer emergency treatment. If your child's physician can be reached, the named physician on your application will be contacted. By checking and signing this Hart-Ransom Baseball application, you give your consent of your child's participation in any and all of the activities of the Hart-Ransom during this 2010 season. You release the Hart-Ransom Baseball Club or any person(s) connected with the Club of any responsibility for accident or injury incurred as a result of his or her participation in any and all activities, including transportation to and from games and/or activities of the Hart-Ransom Baseball Club.

AUTHORIZATION TO PUBLISH CHILD'S PICTURE

Hart-Ransom Baseball Club and various parents will take photographs of athletes, singly or in a group to post on the website. Athletes' names will not be posted. By checking and signing this Hart-Ransom Baseball application, you give your consent to allow any pictures taken during any Hart-Ransom Baseball activity be posted on the Hart-Ransom Baseball Club Web site.

Signature: _____

Physician Information:

Name: _____
 Organization: _____
 Street Address: _____
 City: _____
 Phone: _____
 In Case of Emergency Contact:

Select the Following Areas Where You Would Like to Participate:

- Coaching
 Assistant Coaching
 Field Maintenance
 Special Events
 Umpire
 Snack Bar
 Apparel Booth

Uniform Pants Size

<input type="checkbox"/> YXS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL
<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	

Uniform Shirt size

<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL
<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL

Pay Option	Pay Fee By:
<input type="checkbox"/> \$110 flat Registration fee	<input type="checkbox"/> Cash
<input type="checkbox"/> \$85 and fundraiser (separate check will be collected for fundraiser)	<input type="checkbox"/> Check (ck # _____) (ck amount _____) (\$25 fee will be collected for returned checks)

Fundraiser Info:	<input type="checkbox"/> Pizza cards (\$60)	<input type="checkbox"/> OK to Cash Fundraiser Check?
Deposit Amount _____	<input type="checkbox"/> Check	Check # _____
	<input type="checkbox"/> Cash	