

MAIL TO:
Eastmont Youth Baseball
P.O. Box 7214
East Wenatchee WA 98802

**APPLICATION TO PLAY
EASTMONT YOUTH BASEBALL 2008
DOUGLAS COUNTY RESIDENTS ONLY**

T-Ball 5-6 yr olds - \$50
Baseball 7-12 yr olds - \$70
 2nd child - \$65
 3rd or more - \$60
\$10 late fee per child will
apply if received after Feb.
16th 2008.

Please Print Legibly

General Information

Name of player _____ D.O.B. _____ Age on April 30, 2008 _____

Address _____ City _____ State _____ Zip _____

School: _____ School closest to home: _____

Parent(s) Name(s) _____ Home Phone# _____

Parent(s) Work Phone# _____ Cell Phone# _____

Emergency Phone# _____ Email _____

I, the parent/guardian of the above mentioned child who is a candidate for a position on an Eastmont Youth Baseball team, hereby give my approval for that child to participate in any and all of Eastmont Youth Baseball activities. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I so hereby waive, release, absolve, indemnify and agree to hold harmless the local Eastmont Youth Baseball program, its officers, directors, employees, agents, coaches and volunteers, and the Eastmont Metropolitan Parks District from any claim arising out of an injury and/or death to the child, whether the result of negligence or for any other cause. I understand fully that baseball is a physical, competitive sport utilizing bats and balls and that physical contact occurs frequently and that injuries are common. Anyone submitting false player age or residence data at registration time will be disallowed from post season competition. (init) _____

Medical Information

Does your child have any illness, allergies, mental or physical conditions(s), or does he/she require any medication that Eastmont Youth Baseball should know about? If yes to any of the above, please give us a brief statement of the problem in the space provided.

Eastmont Youth Baseball reserves the right to deny any individual the right to register or play if it is determined that there is a health problem that may be enhanced or that which may cause further injury to the individual. Because of possible sudden illness or injury to your son/daughter, it may be necessary to seek medical attention.

If we are unable to contact a parent/guardian in an emergency may we seek medical attention for your child?

Yes No

All information contained herein will be for the sole use of Eastmont Youth Baseball and the Cal Ripkin Babe Ruth Organization. Part or all of this information will be provided to coaches and staff of Eastmont Youth Baseball and the Cal Ripkin Babe Ruth Organization.

PLEASE ATTACH COMMENTS, QUESTIONS OR CONCERNS ON A SEPARATE PAGE.

Signature: _____ Date: _____
Parent or Guardian