



2012 Hart Ransom Softball Application

Registration: January 21, 2012 and January 28, 2012

Div _____

Coach _____

Voucher # _____

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 December 31, 2011: _____

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.
Signature: _____

___ 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

| | | | | | |
|-------|------------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|
| Youth | <input type="checkbox"/> YXS | <input type="checkbox"/> YS | <input type="checkbox"/> YM | <input type="checkbox"/> YL | <input type="checkbox"/> YXL |
| Adult | <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

 \$130 flat Registration fee \$100 and fundraiser**(separate check will be collected for fundraiser)**

Pay Fee By:

 Cash Check (ck # _____) (ck amount _____)**(\$25 fee will be collected for returned checks)**

Fundraiser Info:

 Pizza cards (\$60) OK to Cash Fundraiser Check?

Deposit Amount _____

 Check

Check # _____

 Cash

Payment will be collected for deferment at time of registration