

# GLADSTONE JUNIOR BASEBALL ASSOCIATION REGISTRATION

AGE GROUP \_\_\_\_\_

FEE PAID \$ \_\_\_\_\_

CASH-CHECK # \_\_\_\_\_

PLAYER'S AGE \_\_\_\_\_

This area for Association Use Only

PLAYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_  
FIRST LAST

FATHER \_\_\_\_\_  
FIRST LAST

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLAYER'S SCHOOL \_\_\_\_\_

PLAYERS GRADE \_\_\_\_\_

PREVIOUS COACH \_\_\_\_\_

PHONE \_\_\_\_\_  
NUMBER cell home

PHONE \_\_\_\_\_  
NUMBER cell home

OPTIONAL COMMENTS \_\_\_\_\_

## UNIFORM SHIRT SIZE

YOUTH: M ☐ L ☐ ADULT: S ☐ M ☐ L ☐ XL ☐

## UNIFORM PANT SIZE

YOUTH: M ☐ L ☐ ADULT: S ☐ M ☐ L ☐ XL ☐

## EMERGENCY NOTIFICATION

A relative or friend to be contacted in the event a parent is not available or can not be contacted.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION AND RELEASE FORM

Does the Player have any handicaps or conditions that the Coaches should be aware of such as Epilepsy, Diabetes, Hearing loss, Allergies, etc? \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

I authorize any representative of the Gladstone Junior Baseball Association to obtain emergency medical treatment by a licensed Doctor or Paramedic to preserve the life, limb, or well being of the player named above. This document is valid for the \_\_\_\_\_ baseball season.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian

**Adult Support:** To maintain our successful association we depend on your contributions of time. Please indicate any area you are able to help the Gladstone Junior Baseball program (circle as many as you would like).

Head Coach ☐

Asst. Coach ☐

Team Parent ☐

Scorekeeper ☐

Concessions ☐

Other: \_\_\_\_\_