

**2016 EATONTOWN-LONG BRANCH-TINTON FALLS-SHORE REGIONAL FALL BASEBALL
PLAYER REGISTRATION FORM**

PLAYER INFORMATION:	
First name:	Last name:
Birthday:	Age (as of 8/31/2017)
Street address:	
City:	Zip code:
Player Shirt Size:	Main e-mail address:
School:	Grade (as of 9/16):

PARENT / GUARDIAN INFORMATION:	
Player lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other	Specify other:
Father (or guardian) name:	Mother (or guardian) name:
Father (or guardian) phone:	Mother (or guardian) phone:
Father (or guardian) cell:	Mother (or guardian) cell:
Father (or guardian) email:	Mother (or guardian) email:
Are you interested in being a team manager or assistant coach? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, are you Rutgers Certified?* <input type="checkbox"/> Yes <input type="checkbox"/> No)**	Are you interested in being a team manager or assistant coach? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, are you Rutgers Certified?* <input type="checkbox"/> Yes <input type="checkbox"/> No)**

****All managers must be Rutgers Certified. The Rutgers certification course will be made available to all managers and assistant coaches that do not possess certification. In addition, all managers and assistant coaches will be required to submit to a background investigation.**

EMERGENCY CONTACT INFORMATION AND MEDICAL HISTORY:	
Emergency contact person:	Relationship to player:
Emergency contact phone:	Emergency contact cell:
Doctor or medical group:	Doctors phone:
History of allergies, medicines and medical information:	

I do hereby grant permission for the player named above (“Applicant”) to participate in the Eatontown Baseball League. I do hereby confirm and acknowledge that I am the Applicant’s Parent or Legal Guardian, and that the information furnished above is true and accurate. I do hereby agree to accept responsibility for any and all equipment and or properties issued to the Applicant by the League. I acknowledge that I have received, read and will adhere to the 2016 Parent’s Code of Conduct, handed out at Registration and available in the handouts section of the Eatontown Baseball Website at www.eatontownbaseball.com.

As the Parent or Legal Guardian of the Applicant, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb or well being of the Applicant.

PARENT OR GUARDIAN’S SIGNATURE:	
X	Date:
Print parent or guardian name:	