



# MIDNIGHT SUNS BASEBALL CLUB

## Player Registration Form

**14U/18U REGISTRATION FEE: 1<sup>st</sup> player is \$225; 2<sup>nd</sup> player is \$175**  
*(3<sup>rd</sup> player in family is free)*

**10U/12U REGISTRATION FEE: 1<sup>st</sup> player is \$200; 2<sup>nd</sup> player is \$150**  
*(3<sup>rd</sup> player in family is free)*

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**PLAYER MEDICAL INFORMATION**

Insurance Provider \_\_\_\_\_

Insured's Name \_\_\_\_\_ ID # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

**PARENT OR GUARDIAN'S AUTHORIZATION**

I give my permission for my child to participate in all Midnight Suns Baseball Club activities and hereby state that he or she is physically able to do the activities therein. I will not hold Midnight Suns Baseball Club or any volunteer thereof liable for any injuries that may result from my child's participation in these activities. In case of emergency, I hereby authorize the player named above to be treated by Certified Emergency Personnel (i.e. EMT, First responder, E.R. Physician). I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## MSBC WEB SITE & PRINTED MEDIA RELEASE



As part of the promotion and communications efforts of the Midnight Suns Baseball Club, MSBC utilizes a website to promote baseball, inform players and parents, and generally serve as a resource to promote the Midnight Suns Baseball program. As part of that effort, team rosters, pictures, game photos and stories and other information about MSBC players, coaches and events are published. The website can be viewed at: [www.midnightsunsbaseball.com](http://www.midnightsunsbaseball.com)

### Examples of what may be published (with permission)

- Game stories including player names, etc.
- Team rosters including players first and last name
- Game and player photographs,
- Team travel and game schedules

### Examples of what will NOT be published

- Player's personal information such as date of birth
- Player/family's telephone number (except coach's contacts)
- Player/family's e-mail address (except coach's contacts)
- Player or family's street address or box number

I, Parent/Guardian of \_\_\_\_\_, hereby consent that the photographs and/or videotape and limited demographic information may be used by the Midnight Suns Baseball Club in electronic or printed media such as posting photographs and/or video on the internet, or using her photograph on newspaper stories, advertisements, flyers and such.

Please initial below for consent or DO NOT consent and sign at the bottom of the page.

I give my consent: \_\_\_\_\_

I DO NOT give my consent: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_