

SUMMER 2017 - NORTH BAY YANKEES BASEBALL REGISTRATION FORM

IMPORTANT INFORMATION, PLEASE PRINT CLEARLY

Player name (FIRST AND LAST) _____ Current Grade _____

Address _____ City _____ Zip _____

Player e-mail address: _____ (please print clearly)

Parent name and e-mail address: _____

Parent name and e-mail address: _____

Player home phone _____ Player cell phone _____

Birth Date _____ School (fall 2017): _____

Position(s) (in order of preference) _____

Father's Name _____ Home, work and cell phones _____

Mother's Name _____ Home, work and cell phones _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Player's medical condition/allergies/limitations _____

Medical Insurance Company _____ Policy Number _____

APPROVAL TO PARTICIPATE IN NORTH BAY YANKEES BASEBALL CLUB

I, the undersigned player (if 18 or older) or as parent/guardian of the above-named player (if a minor), hereby give my approval for the player's participation in any and all North Bay Yankees activities. Recognizing the possibility of physical injury with North Bay Yankees activities (including, but not limited to activities before, during and after games, and in traveling to or from such games) I hereby release, discharge and/or otherwise indemnify and hold harmless the North Bay Yankees, the officers, directors, organizers, sponsors, participants, coaches and volunteers of those organizations, and other players, parents or guardians, for any claim arising out of an injury to myself (or my child, if a minor) except to the extent and in the amount covered by North Bay Yankees Insurance. I recognize that such insurance is extremely limited in scope and coverage.

I understand that there is no guarantee of playing time and games and practices will be based on field availability and weather conditions.

I understand that, in accordance with the established procedures of organized baseball, the North Bay Yankees Baseball Club reserves the right to suspend players for breach of its rules and regulations. I also understand that the North Bay Yankees reserves, in its sole and exclusive judgment, all rights and powers as to team assignments and management. I further recognize that no refunds are available after September 30, 2016.

PLAYER NAME – please print _____ Date _____

Signature of Parents or Guardian, or player if 18 _____

CONSENT FOR MEDICAL TREATMENT

As the player (if 18 or over) or parent or guardian of the above named player (if under 18) I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry or other competent health care provider. This care may be given under whatever conditions may be necessary to preserve the life, limb or well-being of the player.

Signature of Player (if 18 or older), Parent or Guardian _____ Date _____

SUMMER BASEBALL 2017 REGISTRATION FEES: \$1,000 for full summer, \$500 for half summer

Deadline to register is Friday, May 5 as coaches must confirm schedule based on number of teams. Registration fees pay for insurance, field rentals, equipment, umpires, and coach fees. For players new to North Bay Yankees, jerseys will be provided.

TO REGISTER:

visit www.baseballclubmarin.com and return this form via email to baseballclubmarin@gmail.com
or mail to Mike Firenzi, 321 Orange Blossom Lane, San Rafael, CA 94903