

# **2012 ASB Boys' Baseball Player Registration**

## **Please return with payment by February 3, 2012**

CYO Baseball for **boys in grades 5 – 8** will be starting soon. Regular season games will be played on Sundays from March 11<sup>th</sup> through May 6<sup>th</sup>, with the post-season tournament running from May 15<sup>th</sup> through June 3<sup>rd</sup>. Practices will be held in late February/early March.

The player registration fee is **\$60.00** for each player. This fee pays for CYO team fees, field use, and our baseball equipment. If you plan to play on an ASB Baseball team, please complete this form (2 pages) and submit it, with payment, to the ASB main office. **Please be sure to indicate "Baseball" on the memo portion of the check.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Catholic Y or N Parish \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent Signature \_\_\_\_\_

**If you intend to play, fill out this form completely, and return with \$60.00 payment (payable to ASB School) to the ASB office (or in the Wed. envelope) by Friday, Feb. 3, 2012.**

### **Parents Interested in Volunteering for Baseball (Optional, of course)**

Parent Name \_\_\_\_\_

Daytime Ph. \_\_\_\_\_ Evening Ph. \_\_\_\_\_

### **IMPORTANT – PLEASE NOTE**

**If registrations are received after the Feb. 3<sup>rd</sup> deadline, students **WILL NOT** be guaranteed placement on a school team.**

**For insurance and liability purposes, this form must be on file with ASB School for your child to participate in practices and games.**

Questions: Contact - John Joynt (7<sup>th</sup>/8<sup>th</sup> grades) at [biguglyfish@gmail.com](mailto:biguglyfish@gmail.com)  
Eric Simmons (5<sup>th</sup>/6<sup>th</sup> grades) at [esimmons@pacheritage.com](mailto:esimmons@pacheritage.com)

# Assumption St. Bridget School

## CYO Athletics

### MEDICAL RELEASE FORM

To Whom It May Concern:

This is to certify that I, parent or guardian of \_\_\_\_\_, a player  
for the 2011-2012 CYO Athletic \_\_\_\_\_ season,  
(sport)

hereby grant permission to the adult manager, coaches, and business manager of the team to obtain medical care from a licensed physician, hospital or medical clinic, for the player named herein at such time either parent or guardian cannot be contacted in person or by telephone. This authorization shall include all Athletic activities: and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Assumption St. Bridget School, CYO, the organizer, supervisor, participants, and persons transporting the player to and from those activities, for claims arising out of injury to the player.

PRINTED NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### ACCIDENT INSURANCE INFORMATION- THIS MUST BE COMPLETED TO ATTEND

All players must provide proof of insurance coverage for any injury or sickness while participating in CYO activities.

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

Does you child have any special medical needs (i.e. asthma, allergies to bee stings, foods, etc.)

\_\_\_\_\_

#### EMERGENCY PHONE NUMBERS:

MOTHER'S WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

MOTHER'S CELL: \_\_\_\_\_

FATHER'S WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_

EMERGENCY CONTACT (Used in case parent cannot be reached:

Name	Relationship	Phone
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