
BROOKFIELD BULLDOGS

BASEBALL CLUB

Member of Wisconsin Youth Baseball League



2010 REGISTRATION FORM

PLAYER'S NAME _____ FATHER'S NAME _____
ADDRESS _____ MOTHER'S NAME _____
CITY/TOWN _____ PHONE # _____
ZIP CODE _____ CELL PHONE # _____
DATE OF BIRTH _____ EMAIL _____
SCHOOL ATTENDING _____ PLAYERS AGE AS OF MAY 1, 2010 _____

Registration Fees: \$475.00, \$100 off each additional player.

Due: November 10, 2009

Please send copy of registration and check to:

Dan Hodges - 1135 Crystal Drive Brookfield, WI 53005

Check payable to EBA (Elmbrook Baseball Association)

I _____, parent or legal guardian of _____, certify that my child has permission to participate with the BROOKFIELD BULLDOGS BASEBALL CLUB in league, tournament or practice from today to August 31, 2010.

I understand and acknowledge that my child may suffer injury by participation in the sport of baseball. With full knowledge of the risks enumerated above, I hereby authorize the team coach, assistant coach, club officers, directors members or agents, in my behalf and in any stead, to administer emergency medical treatment to my child for any injury or medical emergency while at practice, at a game, at or while traveling to or from these events. This permission and consent extends the right to those enumerated above to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel and from them to apply such emergency techniques which, in their judgment, they deem appropriate or treat any injury or illness sustained by my child.

I hereby agree to release, indemnify and hold harmless the coaches, managers, directors, officers, members or agents from and against any and all claims, cause, suits, loss, liability, injury or damage to my child or his personal property arising from, because of, or in connection with travel and participation of my child in any practice, game, and related activities, including damages related to administration of emergency medical care authorized in this statement.

I have read and fully understand the above statements.

Person to notify in an emergency _____ Phone # _____
Doctor to notify in an emergency _____ Phone # _____

____ Check if you do not want your Child's picture and/or name displayed on our website

Signature of Parent or Guardian _____
Date _____