

DENMARK BALL ASSOCIATION PLAYER REGISTRATION FORM

Player Name	First	Last
Mailing Address		
City:	State:	Zip Code:
Phone Number:	Gender: Boy _____ Girl _____	Birthday:
Age on May 1st 2017:	Grade Completing this Year:	School Affiliation
Number of Children in each Program: T-BALL _____ GIRLS _____ BOYS _____ INSTRUCTIONAL LEAGUE _____		
Check Box if your son or daughter wants to play Instructional League []		

Parent # 1

Name:	First:	Last:	
Phone (H)	()		Pd/ck #
Phone (W)	()		Pd/Cash
Phone (C)	()		Player Fee _____ Concession _____
Mailing Address			
City:	State:	Zip:	
E – Mail Address			

We are in need of volunteers in several categories. No Job is too small and we appreciate any and all help given.

COACH: _____
COACHING ASSISTANT: _____
UMPIRE – BASEBALL: _____
UMPIRE - SOFTBALL: _____
OPERATE SCOREBOARD _____

Parent # 2

Name:	First::	Last:	
Phone (H)	()		
Phone (W)	()		
Phone (C)	()		
E - Mail			
Mailing Address			
City:	State:	Zip:	

We are in need of volunteers in several categories. No job is too small and we appreciate any and all help given. Please check one or more of the following

COACH: _____
COACHING ASSISTANT: _____
UMPIRE – BASEBALL: _____
UMPIRE – SOFTBALL: _____
OPERATE SCOREBOARD: _____

PLEASE INDICATE YOUR CHILD’S SHIRT SIZE:

YOUTH SIZES: Small _____ (6 – 8) Medium _____ (10 – 12) Large _____ (14 – 16)

ADULT SIZES: Small _____ Medium _____ Large _____ X – Large _____

COACHES SHIRT SIZES: Large _____ X - Large _____ XX – Large _____

I/We the parents of the above named T-Ball, Little League / Pony/ Little Girls / Junior High Girl's registrant give my / our approval to participate in any and all ball activities. I / We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Denmark Ball Association for Boys and Girls and the organizer, sponsors, supervisors, and persons transporting my / our child to and from activities, for any other cause, except to the extent and in the amount covered by league accident liability

PARENT/GUARDIAN SIGNATURE:
