

**L.O.Y.A.L. BASEBALL REGISTRATION FORM**

**T-Ball (ages 5-6) Jr. Mini League (ages 7-9) Mini League (ages 10-12) Sr Mini (ages 13-15)**

CHILD'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ (MUST BE AGE 5 BEFORE MAY 1st/CANNOT BE AGE 13 BEFORE MAY 1st) PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: ZIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

HAS YOUR CHILD PARTICIPATED IN L.O.Y.A.L. BASEBALL BEFORE? NO\_ YES, IF YES:

COACH'S NAME, TEAM NAME AND LAST YEAR PLAYED: \_\_\_\_\_

IF CHILD IS AGE 9 BY MAY 1<sup>ST</sup> WOULD YOU LIKE YOUR CHILD TO TRY OUT FOR MINI-LEAGUE?  YES  NO

UNIFORM SIZE: (CIRCLE ONE): SHIRT YOUTH S M L XL ADULT S M L XL XXL  
PANT YOUTH S M L XL ADULT S M L XL XXL  
SIZE ORDERED IS FINAL (NO Exchanges at Handout)

**NO REFUNDS WILL BE GIVEN FOR WITHDRAWAL FROM BASEBALL UPON START OF SEASON**

I, THE UNDERSIGNED PARENT/GUARDIAN OF \_\_\_\_\_, WHO HAS BEEN REGISTERED TO PARTICIPATE IN THE BASEBALL PROGRAM SPONSORED BY THE MEDINA-L.O.Y.A.L., HERBY GIVE APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES OF MEDINA-L.O.Y.A.L. RELATED TO THE SPORT IN WHICH HE/SHE IS PARTICIPATING. I UNDERSAND THAT INJURIES MAY OCCUR IN BASEBALL AND I HEREBY WAIVE, RELEASE AND AGREE TO HOLD HARMLESS MEDINA-L.O.Y.A.L., ITS OFFICERS, DIRECTORS AND OTHERS ASSOCIATED WITH IT IN ANY WAY, AS WELL AS OTHER PARTICIPANTS AND THEIR PARENTS/GUARDIANS, FROM ANY CLAIM ARISING OUT OF AN INJURY TO MY CHILD, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ADDICT OF LIABILITY INSURANCE HELD BY MEDINA-LO.Y.A.L. FURTHERMORE, I AGREE TO RETURN UPON REQUEST THE UNIFORM AND OTHER EQUIPMENT ISSUED TO MY CHILD BY MEDINA L.O.Y.A.L. IN AS GOOD OF CONDITION AS WHEN IT WAS RECEIVED, EXCEPT FOR NORMAL WEAR OR OTHERWISE TO PAY MEDINA LO.Y.A.L. THE COST OF REPLACING ANY PORTION OF THE UNIFORM OR EQUIPMENT I DO NOT RETURN. I CONSENT TO HAVE THE ABOVE NAMED PARTICIPATE IN ANY MANDATORY FUND RAISING EVENTS.

DO YOU HAVE MEDICAL INSURANCE: NO \_\_\_\_\_ YES \_\_\_\_\_, IF YES INSURANCE COMPANY NAME AND POLICY NUMBER: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRUG SENSITIVITIES OR ALLERGIES: \_\_\_\_\_

OTHER MEDICAL/PHYSICAL/DEVELOPMENTAL CONCERNS: \_\_\_\_\_

**MEDINA-L.O.Y.A.L. HAS INSURANCE TO COVER ALL THOSE (CHILDREN/ADULTS) WHO PARTICIPATE IN THE BASEBALL PROGRAM AND ARE NOT COVERED BY OTHER POLICIES, BUT THERE IS A \$150 DEDUCTIBLE, AND PARENTS MUST PAY ANY EXPENSES UP TO \$150 FOR ANY INJURY.**

**PLEASE READ MEDICAL INSTRUCTIONS: IF MY CHILD NEEDS MEDICAL ATTENTION, I CONSENT TO PROCEEDURES ORDERED BY THE MEDICAL OFFICER PRESENT IF IMMEDIATE TREATMENT IS NECESSARY TO SAVE MY CHILD'S LIFE OR PREVENT PERMANENT INJURY, ON THE UNDERSTANDING THAT EFFORTS WILL BE MADE TO CONTACT MEAND WILL CONTINUE TO BE MADE UNTIL I AM REACHED. I ACCEPT RESPONSIBILITY FOR ALL COSTS RELATED TO SUCH TREATMENT. IN THE EVENT OF A LESS SEVERE INJURY, WHICH DOES NOT REQUIRE IMMEDIATE TREATMENT, I RESERVE THE RIGHT TO BE CONSULTED ABOUT ANY MEDICAL PROCEEDURES EMPLOYED.**

IN CASE OF EMERGENCY, ATTEMPT TO CONTACT IN THE FOLLOWING ORDER IF I CANNOT BE REACHED:

NAME: \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_ CELL/PGR \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_ CELL/PGR \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_ CELL/PGR \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: LO.Y.A.L. BASEBALL AND RETURN COMPLETED REGISTRATION FORM AND A COPY OF CHILD'S BIRTH CERTIFICATE TO: LO.Y.A.L. BASEBALL, 439 MAIN STREET, MEDINA, NY 14103. \* NO UNIFORMS WILL BE ISSUED WITHOUT BIRTH CERTIFICATE AND FULL PAYMENT. \* THERE IS A \$20 FEE FOR RETURNED CHECKS \*

**REGISTRATION FEES: \$40 FOR 1<sup>ST</sup> CHILD / \$35 FOR 2<sup>ND</sup> CHILD / \$75 FOR FAMILY / \$35 for T-Ball**

**Would you like to remain on you original team?  YES  NO**

L.O.Y.A.L. USE ONLY

REG. FEE PAID \$ CASH CHECK # \_\_\_\_\_ TEAM REGISTAR INITIALS \_\_\_\_\_

REG. FEE PAID \$ \_\_\_\_\_ CASH \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ TEAM \_\_\_\_\_ REGISTRAR INITIALS \_\_\_\_\_

\*Disclaimer for Sr. Mini League – League will be cancelled for lack of participants