

2012 COOSA BASEBALL ASSOCIATION (CBA) APPLICATION

P.O. Box 7168

Rainbow City, AL 35906

www.coosabaseball.com

Circle One:

T-ball (4) T-ball (5-6) Rookie (7-8) Minor (9-10) Major (11-12)

Registration Fee for 4 yr old T-ball: \$40.00 **(per child & includes game shirt & cap)**

Registration Fee for 5/6 yr old T-ball, Rookie, Minor, & Major: \$80 **(1 child)** \$125 **(2 or more per family)** *****does not include uniform**

Total Paid: _____ **Circle One:** Cash / Check# _____

Player: _____

(Please Print) Last Name First Name

Players Age: _____ (On April 30, 2012) Date of Birth: _____

Parents: _____

Address: _____

City, ST, Zip: _____

Mom's Phone #: _____ Dad's Phone #: _____

Email Address: _____

Did you play Coosa League Baseball (CBA) in spring 2011? **Circle one** (YES) (NO)

If yes, team played for last year: _____ School now attending: _____

Participation in CBA requires the ability to run, throw, swing a bat, catch a ball, and the capacity to understand the rules of the game. Additionally, participation requires good physical health and condition.

Does your child have any current condition that limits his/her ability to participate in the activity? **Circle one** (YES) (NO)

If yes, please explain: _____

I/We the parent(s) of the above named candidate for a position on a CBA League team, hereby give my/our permission and approval to participate in any and all CBA activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless, including but not limited to, the CBA, Babe Ruth Baseball, Inc., Cal Ripken Baseball, coaches, volunteers, umpires, asst. coaches, concession stand workers, the organizers, sponsors, participants, and any and all other persons whether the result of negligence of for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform, if applicable, and other equipment issued to my/our child in as good of condition as when received except for normal wear and tear.

I/We will furnish a Certified Birth Certificate for the above named candidate to league officials.

I/We have read, understand and agree to abide by the CBA NO TOLERANCE POLICY.

Guardian Name (Print): _____

Guardian Signature: _____

MEMBERSHIP APPLICATION

In order to **vote** in league elections, you must register to be a member of CBA.

Guardian #1: _____ Relationship _____

Guardian 2: _____ Relationship _____