



**Edgewood Baseball Registration Form**  
**Member of the Woodland Hills Baseball League**  
**Charter Member of Williamsport Little League**

Player Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Borough/Township of Residence (where you pay taxes) \_\_\_\_\_

Association where you played last year \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent's email address \_\_\_\_\_

Shirt size Youth small \_\_\_\_\_ Youth medium \_\_\_\_\_ Youth large \_\_\_\_\_

Adult small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult large \_\_\_\_\_ Adult XL \_\_\_\_\_

Pant size Youth small \_\_\_\_\_ Youth medium \_\_\_\_\_ Youth large \_\_\_\_\_

Adult small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult large \_\_\_\_\_ Adult XL \_\_\_\_\_

Hat size S/M \_\_\_\_\_ M/L \_\_\_\_\_ L/XL \_\_\_\_\_

Please check one:

<u>Baseball</u>	<u>Season</u>	<u>Age</u>	<u>Born Before:</u>	<u>Price</u>
<input type="checkbox"/> Coach Pitch	April-June	7-8	5/1/2004	\$60
<input type="checkbox"/> Jr. Little League	April-June	9-10	5/1/2002	\$80
<input type="checkbox"/> Little League	April-June	11-12	5/1/2000	\$95

Indicate your preference: Play for Edgewood Team \_\_\_\_\_ Enter the League Draft \_\_\_\_\_

**REGISTRATION DEADLINE: April 11, 2011**  
**Payable to Edgewood Borough**  
**2 Race Street, Edgewood, PA 15218**

## **MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Ins. Co. \_\_\_\_\_  
Address \_\_\_\_\_ Policy No. \_\_\_\_\_  
Does this child have any medical considerations \_\_\_\_\_  
\_\_\_\_\_

Two alternative emergency contacts (not parents' cell numbers)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

I/We the parent/guardians of the above named player, hereby give my/our permission to participate in any and all baseball activities during the spring of 2011 season, including transportation to and from the activities. I/we further certify that the player lives within the boundaries of the Edgewood Baseball League, is of the age represented on this form, and has health/accident insurance as indicated on this form. **MEDICAL:** I/We understand that the insurance carried by the league covers only the amount that is not paid by my/our carrier.

I, the undersigned, as parent/guardian of the above-mentioned applicant for entry into the Edgewood Baseball League agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release, and absolve the organizers, board members, helping parents, sponsors, supervisors, umpire, coaches and participants from any claim arising out of injury to the applicant, my son/daughter or ward.

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

Edgewood Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.

### **Edgewood Baseball Eligibility:**

All new players intermediate (Coach Pitch) and up are expected to play where you live regardless of where you played T-ball. Players who have participated at the Intermediate Level or higher may stay with the Association where they played last year or they may return to the borough or township where they live.

**NOTICE ALL PARENTS WILL BE EXPECTED TO VOLUNTEER AT THE CONCESSION STAND DURING BASEBALL SEASON**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY:

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Received by \_\_\_\_\_