

Must be signed by player and parent/guardian

Team name, Mgr. & Age:

PLAYER REGISTRATION FORM

NAME: _____ HOME PHONE#: _____
Cell# (M) _____ (F) _____ Work# (M) _____ (F) _____
EMAIL ADDRESS: _____ Player's Cell # _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
AGE AS OF 4/30/2009 _____ DATE OF BIRTH: _____ PARENTS/GUARDIANS NAMES: _____
SCHOOL: _____ GRADUATION YEAR _____

REGISTRATION FEE: \$175 per calendar year or \$50 if entering in fall season. This fee is applied to league and complex operating costs. Individual team expenses are not included in this fee.

MAKE CHECK PAYABLE TO: ECB, Inc. Forward to your team manager to be turned in with the team roster. Or mail to: East Cobb Baseball 111 North Lakeside Dr. NW Kennesaw, Ga. 30144

CONSENT FOR TREATMENT AND WAIVER/ RELEASE FORM

Closest Relative Not Living with Player: _____ Phone# _____
Health Ins. Co. _____ Policy # _____ Phone# _____
Family Physician _____ Phone # _____
Allergies _____
Current Medication _____ Blood type (if known) _____

Does your son/daughter have any medical condition or limitation that might in any way affect his/her ability to participate in rigorous athletic competition? Yes ___ No ___ If yes, explain fully: _____

Has your son/daughter received hospital care of any kind in the last 5 years? Yes ___ No ___ If yes, explain fully: _____

I give my consent for _____, my son/daughter, to participate in all games, activities and trips sponsored by ECB, Inc. d/b/a East Cobb Baseball or its successors or assigns (hereinafter referred to as "East Cobb Baseball") and managed by _____ (hereinafter referred to as the "Manager"). I acknowledge that each travel team operates independently and that the Manager and/or Business Manager of this team are responsible for the collection and accounting for all monies paid to cover the expenses of this team. I acknowledge that it is the parents' responsibility to raise the necessary funds to meet the team's budget and to assure that funds are accounted for. I grant permission to the Manager to enter (or cause to be entered) player information on a team website or East Cobb Baseball's website (collectively, the "Website") if he or she so chooses, including without limitation, personal statistics, home address, jersey number and, in the Manager's reasonable discretion, any other relevant information.. Furthermore, I, the undersigned parent (or legal guardian) of the above named child, do hereby agree to indemnify and hold harmless for any damages or losses, direct or indirect, caused or incurred as a result of any information disclosed on the Website. I understand that the Manager or his or her designee shall be responsible for imputing the information on the Website and that he or she shall use his or her best efforts to make sure said information is correct. However, neither East Cobb Baseball nor the Manager or his or her designee shall be held responsible for any inaccuracies nor shall East Cobb Baseball or the Manager or his or her designee warrant the accuracy of the information disclosed on the Website. I understand that out of town travel by car, airplane or other means of transportation may be required, as well as overnight lodging in another city or town. In consideration of East Cobb Baseball allowing my son/daughter to participate in its athletic program, I, the undersigned parent (or legal guardian) of the above named child, do hereby agree to indemnify and hold harmless for any injury or illness during any team activity, game, or transportation thereto, the officials, managers, coaches, assistant coaches, parents providing transportation or serving as chaperones and persons in other localities providing lodging for overnight trips. This form does not relieve parents of their obligation to decide who their child should be with. I further release, discharge, and covenant not to sue East Cobb Baseball, as well as the officers, directors, agents, employees, managers, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place. I hereby request and grant permission to managers, coaches, assistant coaches, other officials and chaperones designated by East Cobb Baseball to obtain reasonable medical care for my child named above in the event of injury or illness during any team activity if a parent or legal guardian is not present. Such care may include, but shall not be limited to, first aid treatment, transportation to a medical facility and authorization for a physician to perform treatment as recommended by the physician. (Parents will be notified in case of serious illness or injury as quickly as they can be contacted, but this release will make immediate treatment possible.) I understand that athletic activities involve risks and dangers of serious bodily injury. I fully accept, or in the case of the parent/guardian, accept on behalf of my child, and assume such risks and all responsibility for losses, costs, and damages I incur or my child incurs as a result of my or their participation in the activity.

Signed: _____

(Parent/Guardian) and/or player if age 18 or older Relationship Date

I, the above named player, understand that I must follow all rules and regulations set forth by East Cobb Baseball and must conduct myself in a sportsmanlike manner at all times. I understand that there will be no tolerance for alcohol, drugs, destruction of property, or stealing. I understand that I will not be given a second chance or a refund of any fees if I break these rules. I agree that if I fail to abide by the aforementioned terms, I will be dismissed or suspended from the program.

Signed by Player: _____ Date _____ EC