



Fruita Summer Baseball



Registration Form

Please return this registration form and registration fee
(9th in the fall of 2019 fee = \$425, 10th in the fall of 2019 fee = \$450,
11th and 12th Graders in the fall of 2019 = \$475)

to Coach McLennan (at FMHS 1102 Wildcat Ave., Fruita, CO 81521)

After March 14 Registration Fee is \$475 for all grades

Checks should be made payable to Fruita Summer Baseball.

Player's Name _____

Date of Birth _____

Mailing Address _____

Home Phone Number _____

Player's Cell Number _____

Father's Name _____

Father's Cell Number _____

Mother's Name _____

Mother's Cell Number _____

Our primary method of communication will be via email. Please list all email accounts, parent(s), players, etc. that you would like information sent to.

Email Address _____

Email Address _____

Email Address _____

Please See Reverse Side

Uniform Information

Jersey # Preference: Choice 1 _____ , Choice 2 _____ , Choice 3 _____

Jersey Size: (Circle) Small Medium Large Extra Large

Pants Waist Size in inches: (Circle) 30 32 34 36 38

Hat Size: (Circle) $6\frac{7}{8}$ 7 $7\frac{1}{8}$ $7\frac{1}{4}$ $7\frac{3}{8}$ $7\frac{1}{2}$ $7\frac{5}{8}$ Other

Medical Conditions the Coaching Staff should be aware of:

Prescription Medication commonly use by the player:

Liability and Medical Release

I, the parent/guardian of the above-named player, hereby give my approval for him to participate in any and all activities related to Fruita Summer Baseball, including but not limited to practices, games, tournaments, and transportation to and from the activities. I 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 the coaches, players, parents, the organizers, sponsors, supervisors, participants, and persons working with or transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. In case of emergency, I hereby give my consent for emergency care prescribed by Certified Emergency Personnel including a duly licensed Doctor of Medicine or Doctor of Dentistry. The Fruita Summer Baseball Program is not liable for any personal property lost or stolen.

Parent or Guardian's Signature: _____

Date: _____