



Cazenovia Baseball Softball Association

P.O. Box 266 Cazenovia, NY 13035

www.cazbaseballsoftball.org

2017 Player Registration Form

Player Information	
Name:	Phone:
DOB:	Gender (M or F)
Address:	City
State:	Zip Code:
Returning Player: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Spring Level Played: <input type="checkbox"/> Rookies <input type="checkbox"/> Pony <input type="checkbox"/> Minors <input type="checkbox"/> Majors <input type="checkbox"/> Girls Bantam <input type="checkbox"/> Girls Intermediate	
Trying out for in 2017: <input type="checkbox"/> Summer (Rookie/Pony)(5-8) <input type="checkbox"/> Baseball (8-13) <input type="checkbox"/> Softball (7-12)	
Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	

CBSA is a non-profit organization. We need everyone's help to be successful and to keep our costs down. We are always in need of Adult volunteers, Head Coaches, Assistants, Fundraising, Field Maintenance, Team Mom or Dad and Sponsors.

Parents Information	
Father/Guardian:	Mother/Guardian:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Volunteer? <input type="checkbox"/> Head Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Mom or Dad <input type="checkbox"/> Fundraising <input type="checkbox"/> Sponsors	Volunteer? <input type="checkbox"/> Head Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Mom or Dad <input type="checkbox"/> Fundraising <input type="checkbox"/> Sponsors
Emergency contact name (Other than a parent):	Phone:
Relationship to player:	
Insurance Carrier:	Policy:
Physicians Name:	Phone:

Fees	
Division	Registration Fee
Rookie/Pony (K-2)	\$40 <input type="checkbox"/>
Softball (3rd/4th)	\$75 <input type="checkbox"/>
Softball (5th/6th)	\$85 <input type="checkbox"/>
Baseball (3rd/4th) (Minors)	\$75 <input type="checkbox"/>
Baseball (5th/6th) (Majors)	\$85 <input type="checkbox"/>
#\$10 off additional Family Members	
#\$250 Family Max	

League Use Only

Birth Certificate Proof Of Residency

Medical Release Form Waiver Required?

Physical condition of which staff should be aware of:		
Allergies:		
Tetanus up to date:	Yes	No

Terms and Conditions

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball 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 local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons 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.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. I, the parent or guardian of the above named registrant, understand that baseball can be a hazardous activity from which all risk of injury cannot be eliminated, and that the players may be need to be transported to and from activities. I consent my son or daughter's participation in Cazenovia Baseball Softball Association baseball/softball activities and I assume the risks incidental to his or her participation.

In case of medical emergency, if family physician cannot be reached, I authorize treatment of my son or daughter by another qualified licensed physicians who is available.

I/We understand that Cazenovia Baseball Softball Association uses www.cazbaseballsoftball.org as its official online network. I hereby give my consent to Cazenovia Baseball Softball Association for the collection and use of videos/photographs of my child/children on this website, social media and materials publications.

Signature: _____ Date: _____