

LONG VALLEY BASEBALL CLUB (LVBC)

2010 FALL BASEBALL REGISTRATION

TODAY'S DATE:

PLAYER INFORMATION

All sections must be completed. Print clearly.

PLAYER'S NAME:		BIRTH DATE:	
STREET ADDRESS:		GRADE: (in fall)	AGE:
CITY, STATE, ZIP:		SCHOOL:	
E-MAIL ADDRESS:		PHONE:	
PARENT(S) NAME(S):			

SHIRT SIZE: YM YL AS AM AL AXL AXXL <i>Please circle one.</i>	
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PARENTAL CONSENT

My child, _____, has expressed interest in playing Baseball this season in the Long Valley Baseball Club's league. As this child's parent or legal guardian, I give my permission for them to do so. I agree that my child will be assigned to a league, and a team, to be determined by age and/or grade.

- 1) I understand that I am responsible for my own, my child's, my family, or any guests' conduct while attending LVBC events. This includes reimbursement to the LVBC for any damage willfully caused by my family or guests to schools and/or township field property. My family agrees to abide by the LVBC rules of conduct and good sportsmanship. I will also abide by any reasonable disciplinary action (including, but not limited to, suspension) due to behavioral problems.
- 2) I acknowledge that my child's birth date is subject to verification by the LVBC. If so asked, I agree to provide the LVBC a certified copy of my child's birth certificate, in a timely manner.
- 3) As this child's parent or legal guardian, I give permission for my child to receive reasonable emergency medical treatment, or be transported to the hospital to receive same. My child is current with their vaccinations.

Signature of Parent/Legal Guardian: x _____ **Date:** _____

Signing constitutes acceptance and agreement to all terms as described above.

BASEBALL EXPERIENCE

Please list information from LAST SEASON ONLY

Check only 1 LEAGUE (Grade)	Coach's Name	Check only 1 LEAGUE (Grade)	Coach's Name
BABE RUTH (7 - 10)		AA LEAGUE (2)	
MAJOR (5 - 6)		A LEAGUE (1)	
MINOR (4)		T-BALL (K - PreK)	
AAA LEAGUE (3)		DID NOT PLAY	
OUT OF TOWN - WHERE?		LEVEL?	

Will your child participate in other activities which may conflict with Baseball? Yes No If yes, please list activities.

Does your child have any physical or medical limitations, of which his Coach should be aware? Yes No If yes, please describe.

PARENT VOLUNTEER - *please check box*

		LEAGUE	
COACH			
ASST. COACH			
UMPIRE			

REGISTRATION FEES

BABE RUTH or CAL RIPKEN - \$100 x _____ =
 - \$75 x _____ =

Township Field Usage Fee - \$10 x _____ =
 (This fee is assessed by the town, not the LVBC.)

TOTAL AMOUNT DUE - \$ _____
PAID - CASH OR CHECK #

Mailing Address:

Rick DeLisi
4 Apollo Way
Flanders NJ 07836