



2012 EPHRATA BASEBALL PLAYER REGISTRATION

Players age 5-19 (pending available Managers) in the Ephrata School District are eligible.

Select a Category:

Rookie (T-Ball)	\$55.00
12 & Under (A/AA/AAA/LCYBL)	\$80 (2 nd \$65, 3 rd \$35)
13/14	\$95.00
16U and 19U	\$110.00
Family Maximum	\$180.00

First Name:		Last Name:		Gender: Male Female	
Birthdate (MM/DD/YYYY): / /			Age on April 30, 2012 (2012 Playing Age):		
Home Phone:		Email:		Did your child play in our league in the Spring? YES NO	
Address:					
City:		State: PA Zip:		School Name/Grade:	
T-shirt size: YS, YM, YL, AS, AM, AL, AXL					
Pants size: YS, YM, YL, YXL, AS, AM, AL, AXL			Used: \$5		New: \$12 (Youth) \$17 (Adult)
Parent #1 First Name:		Parent #1 Last Name:		Parent #1 Relationship:	
Parent #1 Address:					
Parent #1 City		Parent #1 State: PA Parent #1 Zip:			
Parent #1 Day Phone:			Parent #1 Cell Phone:		
Parent #1 Email:			Parent #1 Occupation:		
Parent #1 Volunteer? (Circle all that apply)			Parent #2 Volunteer? (Circle all that apply)		
Team Parent		Umpire		Team Parent	
Coach		Field Maintenance		Coach	
Assistant Coach		Equipment/Uniforms		Assistant Coach	
Assistant Coach		Equipment/Uniforms		Equipment/Uniforms	
Parent #2 First Name:		Parent #2 Last Name:		Parent #2 Relationship:	
Parent #2 Address:					
Parent #2 City		Parent #2 State: PA Parent #2 Zip:			
Parent #2 Day Phone:			Parent #2 Cell Phone:		
Parent #2 Email:			Parent #2 Occupation:		

Name of Physician:	Physician Phone:	Hospital Preference:
Emergency Contact:	Emergency Contact Phone:	Emergency Contact Relationship:
Medical Comments: (Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)		
Insurance Carrier:	Insurance Policy Number:	
All participants are required to sell a minimum of ten (10) subs during out sub sale fundraiser, or twenty (20) for families with 2 or more participants. Families may choose to opt out of the fundraiser for \$25.00 per child or \$50.00 family maximum.	I choose to opt out from participating in the sub sale fundraiser. <div style="display: flex; justify-content: space-around;"> YES NO </div> Opt out fee is in addition to registration fee.	

Parent's Authorization

I give my permission for

to participate in baseball with Ephrata Baseball Association, Ephrata Area Little League or Norlanco Premier Baseball Association. I understand that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve and agree to hold harmless Ephrata Baseball Association, EBA Academy, Ephrata Area Little League, Norlanco Premier Baseball Association, Little League Baseball Inc., the organizers, sponsors, supervisors, participants, coaches, instructors and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any cause, except to the extent and in the amount covered by accident or liability insurance.

Medical Release Waiver: I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I have read and understand the above information.

Parent's Signature: _____ Date: _____

	Registration Fee	
	Pants	
	Sub sale Opt out fee	
	Total amount due	
	Check #	
	Cash	