

CHECK ONE BOX ONLY

- Trying out for Minors.....
- Trying out for Majors.....
- Tee Ball.....
- Instructional.....
- Minors.....
- Majors.....
- Babe Ruth Jrs.
- Babe Ruth Srs.



Player Application

(Please Print)

STORM BASEBALL

- 9u.....
- 10u.....
- 11u.....
- 12u.....
- 14u.....

List the team and level you played on last year: Team: _____ Level: _____ Male: _____ Female: _____

Player's Name: _____
LAST INITIAL FIRST

Address: _____
STREET # CITY ZIP

Birthdate: _____ Age (as of 8/31): _____

Home Phone No.: _____ Emergency Phone: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

E-Mail: _____

Please indicate any physical limitations (allergies, hearing, sight, etc.):

Name of family hospitalization plan: _____

School attending: _____

Are you playing on any additional teams this season: Yes _____ No _____

WYBA LEGAL RELEASE

I/WE the undersigned, the parents or legal guardians of the above-mentioned applicant, hereby give approval and permission for the above applicant's participation in any and all league activities. When required, I/WE will provide adequate proof of birth shown above to qualify the above named applicant. I/WE further agree to return, upon request, the uniform and other equipment issued to the applicant in a condition as good as when received, except for the normal wear and tear. I/WE shall not permit applicant I/WE assume all of the risks and hazards incidental to the conduct of activities, including transportation to and from activities, and I/WE do further hereby waive, release, the Westmont Park District, its officers, agents, servants and employees; and the sponsors, supervisors and participants, any or all of them, including persons transporting the applicant to and from activities, for any and all claims resulting from injuries to the applicant.

I/WE HEREBY AUTHORIZE EMERGENCY MEDICAL TREATMENT TO BE ADMINISTERED TO THE ABOVE-NAMED APPLICANT BY ANY MEDICAL SERVICE UNIT, FACILITY OR INSTITUTION.

I have read and fully understand the above Program Details and Waiver and Release of All Claims

Parent's or Guardian's Signature: _____

Account # - must complete when using a credit card

Cardholder Name: _____

Charge Amount: _____ Exp. Date: _____

Authorized Signature: _____ *must have signature to be processed*

FOR OFFICE USE ONLY

Date: _____ Cashier: _____ Cash: _____ Check #: _____

LEAGUE USE ONLY

Team: _____ Level placed on: _____