Child's Last Name:	First:	Birth date:	Sex: (Circle) Male Female
Parents/Guardians:	Emergency Contact Name:	Emergency Contact Phone:	

Street Address:		Email 1:	Email 2:
City	State / Zip	Phone (Home)	Phone (Cell)

Age as of:	April 30 (Current year for Boys)	December 31 (Previous year for Girls)

Level Costs:	**T-Ball ($60)**	**Coach Pitch ($60)**	**9U Girls ($80)**	**12U Girls ($80)**
	10U Boys ($80)	**12U Boys ($80)**	**15U Boys ($140)**	**18U Boys ($150)**

(I understand that my child may keep their uniform shirt & hat)

Circle Shirt Size:	Youth: 6/8 10/12 14/16
	Adult: S M L XL XXL

Hat Size:	Youth	Adult

I/we the Parent/Guardians of the child listed on this form, give permission for my/our child to participate in The Hometown Baseball League activities. I/We assume all risks and hazards incidental to such participation Including but not limited to, transportation to and from activities, and I/We hereby waive, release, absolve, indemnify, and agree to hold harmless ***HADLEY YOUTH BASEBALL***, the organizers, sponsors, supervisors, participants, board members, and persons transporting my/our child to and from activities, for any claim arising out of injury to my child.

• Copy of birth certificate needed for age verification for 9 years and above. Players will not be put on a team until a copy is received

• No Refunds after teams picked

• No ride shares – 9 years and up

• I give permission to have pictures of my child appear on ***Hadley Youth Baseball*** Website. Initials_____ Signature of

Parent/Guardian_____ Date_____ Amount

Paid_____ Check#_____ **Mail to Hadley Youth Baseball PO Box 264 Hadley Mich 48455**

By_____ Date_____