

Myersville Junior Baseball League
P.O. Box 218
Myersville, MD 21773

2008 FALL BALL REGISTRATION
Player Information

First name _____ Middle name _____

Last name _____ Birth date _____

Shirt size _____ **Please circle one - Youth or Adult**

Level: _____ U-8 _____ U-10 _____ U-12 _____ U13 _____ U15

For Fall Baseball:

U-8 defined as player birth dates between 5/1/00 and 4/30/02

U-10 defined as player birth dates between 5/1/98 and 4/30/00

U-12 defined as player birth dates between 5/1/96 and 4/30/98

U-13 defined as player birth dates between 5/1/95 and 4/30/96

U-15 defined as player birth dates between 5/1/93 and 4/30/95

*Costs for each level are on the next page

Father _____ Father's home or cell phone _____

Father's address _____

Mother _____ Mother's home or cell phone _____

Mother's address _____
(if different than father's address)

Email address _____

If your child has not played with the Myersville Junior Baseball League in the past three years, you will need to submit two copies of his/her birth certificate for league records.

Liability & Medical Release Statement

I, _____, the parent/legal guardian of _____ do hereby assume all risk of injury to my child arising from his/her participation and any associated activities (including travel to and from games/practices). I do release the Myersville Junior Baseball League, Inc., its Officers, Board of Directors, coaches and volunteers from any and all liability for injury or damage caused from my child's participation in the aforementioned activities.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

PERMISSION TO AUTHORIZE MEDICAL TREATMENT

In the event my child requires medical treatment, I give permission to his/her coach, officers and board members of the Myersville Junior Baseball League, Inc. to authorize the necessary medical treatment. Furthermore, I authorize permission to the medical professional to render the needed medical treatment. I accept full responsibility for all costs associated with providing treatment; and I hereby release the Myersville Junior Baseball League, Inc., its officers, board of directors, coaches, and volunteers from any and all liability for authorizing/providing medical attention.

Parent/Guardian Signature

Date

Witness Signature

Date

Cost:

U8, U10, & U12 - \$45.00 per player. MJBL will provide a shirt (no name on the back) & a hat.

U13 & U15 - \$65.00 per player. MJBL will provide a shirt (no name on the back) & a hat.

All registrations and payment are due no later than July 14th, 2008 (\$15.00 late fee after July 14th) and may be mailed to MJBL, P.O. Box 218, Myersville, MD 21773.

If you have any questions please contact Jeanne Bartoli at 301-293-2004
or Jbartoli@fredco-md.net.