



MALABAR CRANES

MALABAR CRANES BASEBALL TEAM

PLAYER REGISTRATION FORM

Player name

Address

Address 2

City/State/Zip

Home phone

Email

Birthdate

Gender

Age

Fee

MONTHLY

\$ 80.00

Age

Amount

My child will
tryout for:

☐ Baseball

Parent #1

Parent #2

Name

Phone

Email

Occupation

Volunteer?

☐ If checked, fill out "Volunteer Application"

Name

Phone

Email

Occupation

Volunteer?

☐ If checked, fill out "Volunteer Application"

Medical Information

Team use only

Emergency contact

Relationship to player

Insurance carrier

Phone

Policy

Birth Certificate

Yes ☐ No ☐

Proof of Residency

Yes ☐ No ☐

Medical Release Form

Yes ☐ No ☐

Waiver needed?

Yes ☐ No ☐

Level Assigned

Team Name

1./We, the parents/guardians of the above-named candidate for a position on a MALABAR CRANES team, hereby give my/our approval to participate in any and all team activities.

2./We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Malabar Cranes team, TOM, and coaches.

Signature _____

Date _____