

## How Do I Sign Up?

**BRING or MAIL REGISTRATION FEE TO:**

**Faith Baptist Church**  
**7378 East Furnace Branch Road**  
**Glen Burnie, MD 21060**

Parents may drop off their form and registration fee at the **church office** anytime between **9:00 am and 5:00 pm**, Monday – Friday.

### REGISTRATION INFORMATION:

The early registration cost per child is **\$65**.  
 After **March 7<sup>th</sup>**, the cost is **\$75**.  
 Deadline for registration is **March 18<sup>th</sup>**.  
 Pants are **optional** at a cost of **\$12**.

**Sign Up Today!!!**

### ORIENTATION:

Every player **MUST** attend orientation so that we can order the correct sized jersey. Orientation will take place at the **FAITH BAPTIST GARAGE** (across from church)

#### All Players

**Kindergarten – 3<sup>rd</sup> Grade**  
**Saturday, March 14<sup>th</sup>,**  
**any time between**  
**10:00 am and 12:00 pm**

### LEAGUE SCHEDULE:

Practice begins – **MONDAY, MARCH 30<sup>TH</sup>, 2009**  
 First game – **SATURDAY, APRIL 25<sup>TH</sup>, 2009**  
 Awards Event – **SATURDAY, JUNE 13<sup>TH</sup>, 2005**

**FOR MORE INFORMATION CALL:**

**Tim Byer (410) 761 – 5346**

**Tim.Byer@FaithBC.net**



# REGISTRATION FORM



Last Name	First Name	MI	Gender	Home Phone	Birthday	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month / Day / Year	<input type="text"/>
Address		City		State	Zip Code	Parent's Email Address
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Church (If you regularly attend church, which one?)				Coach's Link (For parents coaching their child's team)		
<input type="text"/>				<input type="text"/>		
Player Information notes, if any.				Carpool Link (Only same age/grade and gender.)		
<input type="text"/>				<input type="text"/>		

### Participant Information

How many years has your child played organized baseball/t-ball? \_\_\_\_\_  
**Parents:** To help us better coach your child...AT PLAY, you child is best described as (circle one):

1 Being the least assertive and 10 the most assertive

1	2	3	4	5	6	7	8	9	10
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**Jersey/Shirt** (Check one)    YS   YM   YL   YXL   AM

**Pants** (Optional – Check one)    YS   YM   YL   YXL   AM

### PRACTICE NIGHT EXCLUSION

If applicable, check **ONE** night your child **CANNOT** practice.

Monday

Tuesday

Thursday

### Evaluations (Coaches Use Only)

Hitting	<input type="text"/>
Base Run	<input type="text"/>
Grounders	<input type="text"/>
Pop Flies	<input type="text"/>
Throwing	<input type="text"/>
<b>Total Score</b>	<input type="text"/>

### Office Use Only

Paid

Amount

Type

### Parent/ Guardian Information

Father / Guardian _____	Mother / Guardian _____	Emergency Contact _____
Telephone (Work) _____	Telephone (Work) _____	Telephone (Home) _____
		Telephone (Daytime) _____

### Please Read Carefully

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

YES  NO If Yes, please state condition: \_\_\_\_\_

If you wish to have your doctor contacted in case of emergency: Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

#### EMERGENCY AUTHORIZATION (from above)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

#### Authorization Signature: \_\_\_\_\_

#### WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Upward Unlimited are primarily administered by parents, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Upward Unlimited and its employees, volunteers and other representative or affiliates (including without limitation the participating churches, organizations participating through such churches, sponsors, game or event workers, officials facilities and volunteers) from and against any and all claims arising out of or relating to illness, his/her duties during any practices or games. I attest that my child is physically capable to participate in this event. However, should officials, representative or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider a the direction of the even or game officials, sponsors, representatives and/or volunteers. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any game, practice or participation in any Upward Unlimited sponsored event.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Player Fee: \$ \_\_\_\_\_ + Pants: \$ \_\_\_\_\_ + Late Fee: \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_