



Spokane Valley Baseball League, Inc.

101 N. Bowdish Rd. • Spokane Valley, WA 99206-5106

(509) 922-0420 • Fax (509) 922-4119

www.spokanevalleybaseball.com

**AGE BEFORE
AUGUST 1st
THIS YEAR**



PLAYER:

Last Name

First Name

BIRTH

Mo.

Day

Year

Phone Number

Address

City

State

Zip

School Presently Attending _____

Private/Home School:

List Nearest Public School _____

Medical Problems or Prohibitions _____

Parent/Guardian _____ Phone _____

Emergency Contact Name _____ Phone _____

Doctor's Name _____ Phone _____

Special Request: (NO GUARANTEES!) _____

E-mail Address _____

BIRTH CERTIFICATES MUST ACCOMPANY ALL NEW LEAGUE REGISTRATIONS.
ROSTERS NOT ACCOMPANIED BY FEE, BIRTH CERTIFICATE AND PARENT SIGNATURE
WILL BE RETURNED.

AUTHORIZATION TO PARTICIPATE AND CONSENT TO TREATMENT OF A MINOR

1. As parent/guardian of the above-named player, I hereby give my approval to his/her participation in any and all Spokane Valley Baseball League, Inc. activities during the current season. In consideration of the benefits of participation at reasonable cost, I assume all risks and hazards incidental to such participation, including transportation to and from the activities and I do hereby waive, release, absolve, indemnify and agree to defend and hold harmless the Spokane Valley Baseball League, Inc., its officers, agents, directors, employees, coaches, sponsors, supervisors, participants, and persons transporting my child to and from activities for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident or liability insurance.

2. I state that the above-named player has no medical problems or prohibitions except as listed above.

3. I, the undersigned parent/guardian of the above-named player, a minor, do hereby authorize Spokane Valley Baseball League Inc., its coaches and representatives as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital or clinic, whether such diagnosis or treatment is rendered at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physicians in the exercise of all best judgment, may deem advisable.

This authorization shall remain effective until completion of the current season, unless sooner revoked in writing and delivered to said agents.

PARENT PARTICIPATION

We ask for active participation of all parents in our program. Please check area(s) in which you would be willing to help.

- Coach Asst. Coach Team Sponsorship (\$300.00)

PARENTS WANTING PLAYER TO PLAY UP MUST COME IN TO LEAGUE OFFICE FOR APPROVAL
ANY PLAYER / PARENT CHOOSING TO PLAY UP A DIVISION WILL LOSE GUARANTEED PLAYING TIME.

	Fee	Age	
<input type="checkbox"/> Tee Ball	\$80	4-5-6	Cannot be 7 before Aug. 1
<input type="checkbox"/> Coach Pitch	\$100	6-7-8	Cannot be 9 before Aug. 1
<input type="checkbox"/> Pee Wee	\$120	9-10	Cannot be 11 before Aug. 1
<input type="checkbox"/> Midget	\$120	11-12-13	Cannot be 14 before Aug. 1

Cut off date for registration is April 15th. \$10 late roster fee.

NO REFUNDS AFTER MAY 1st
CANCELLATION FILING FEE OF \$15.00

PARENT SIGNATURE

With your payment of the registration fee, this form registers your child with the Spokane Valley Baseball League — not with a specific team.

X

Signature of Parent/Guardian

FOR OFFICE USE ONLY

How Paid: Cash Check No. _____ Late Fee _____ Birth Certificate _____

WHITE COPY - OFFICE

YELLOW COPY - COACH