

Southwest Illinois Select Baseball League

www.swiselectbaseball.org

PLAYER REGISTRATION

TEAM REGISTRATION DEADLINE: WEDNESDAY, JULY 1, 2009

FALL

2009 BASEBALL

Southwest Illinois Select Baseball League • 411 West Monroe Street • Belleville IL 62220 • (618) 277-5576

This form must be signed and submitted to Southwest Illinois Select Baseball League by the Team Manager. No exceptions shall be made.

PLAYER INFORMATION

LAST NAME:		FIRST NAME:		DATE OF BIRTH:	
ADDRESS:				GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
CITY:		STATE:	ZIP CODE:	HANDED: <input type="checkbox"/> Right <input type="checkbox"/> Left	

Managers must be able to produce birth certificate on demand during any league game **or forfeit**; league will not maintain files.

PARENT / GUARDIAN INFORMATION

FATHER / GUARDIAN NAME:		LEGAL GUARDIAN: <input type="checkbox"/>	MOTHER / GUARDIAN NAME:		LEGAL GUARDIAN: <input type="checkbox"/>
HOME PHONE:			HOME PHONE:		
WORK PHONE:			WORK PHONE:		
MOBILE PHONE:			MOBILE PHONE:		
EMAIL ADDRESS (used only for league communication):			EMAIL ADDRESS (used only for league communication):		

Is your child covered by a health insurance policy? Yes No

Does your child have a medical condition? Yes No (If yes, please attach a medical release from your doctor.)

I, as a parent and / or legal guardian of the player named above, hereby give my approval for my child to participate in any and all league activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Belleville Khoury League Incorporated d.b.a. Southwest Illinois Select Baseball League, the chartering organization, its Board of Directors, Officers, appointed agents, organizers, sponsors, participants, and persons transporting my child to and from activities; for any claim arising out of an injury to my child whether the result of negligence or for any other cause. I further agree to return, upon request, any equipment issued to my child in as good condition as when issued, except for reasonable wear and tear.

By signing below, I testify to the following: (a) that all of the information provided on this form is true to the best of my knowledge, including date of birth information; (b) that I have read and understand all of the information on this registration form; (c) that I have read, understand, and will abide by the rules set forth in the Belleville Khoury League Code of Conduct dated 1992 and which is posted at both Belleville Khoury League facilities, a current copy of which will be provided upon request; (d) that I will abide by all rules and policies set forth by the Southwest Illinois Select Baseball League and all rules and policies adopted by same while attending all league-sponsored games, events, and functions.

PARENT / GUARDIAN SIGNATURE:	DATE:
------------------------------	-------

Age Eligibility by Player Division

9U: 8 or 9 years old on or before Aug 31, 2009	11U: 10 or 11 years old on or before Aug. 31, 2009
13U: 12 or 13 yrs. old on or before Aug. 31, 2000	15U: 14 or 15 years old on or before Aug. 31, 2009
17U: 16 or 17 yrs. old on or before Aug. 31, 2009	18+: 18 years old on or before Aug. 31, 2009

TEAM MANAGER'S SIGNATURE (REQUIRED FOR TEAM ASSIGNMENT!):

TO BE COMPLETED BY REGISTRATION STAFF

DATE RECEIVED:	RECEIVED BY:	DATABASE UPDATED DATE:
----------------	--------------	------------------------