2010 Fall Baseball Team Registration

DEADLINE for Registration AUGUST 23rd

Team Name: _____

Age Group: 9's 10's 11's 12's 13's 14's (Must have 4 teams per age group for single age) (Circle One)

Division: Travel & LEVEL 3 (will play together) (Circle One)

Coach/Contact Name: _____ Phone H: _____ W: _____

Address: _____City: _____ State: _____ Zip: _____

Email: _____ Alternate Cell Phone: _____

Player Name	DOB	Address	Phone Number	Email

Payment: Team Fee $1200.00

Check #_____ Total Fee: $_____

MasterCard [ ] Visa [ ] Exp. Date ____ / ____ 3 digit Code on back _____

Card Number _____ (All CC Transactions will be accessed 4% fee)

Signature _____

League cost include 9 games, baseballs, fields, umpires, equipment, tournament and administration: ALL games are PLAYED on Sunday's in Fort Collins

For additional Information:

FCBC: 970-484-3368
Fax: 970-484-6231
Email: Director@fcbcmail.org Web: www.fortcollinsbaseballclub.org

2010 FCBC FALL LEAGUE WAIVER/RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING!

CONSENT FOR EMERGENCY MEDICAL CARE AND RELEASE, ASSUMPTION OF RISK WAIVER

As a parent/legal guardian of the listed player, I hereby give consent for emergency medical care or action deemed necessary by anyone present in order to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the life or well being of this player.

I hereby release and discharge, indemnify and hold harmless FCBC and its, members, officers, agents, employees and any other persons or entities acting on their behalf against all claims, demands and causes of action relating to injury, disability, death or other harm, to person property or both, arising from participation in the FCBC program.

I have been informed of and am aware of and assume all risks and dangers incidental to and inherent in the game of baseball including specifically, but not exclusively, the danger of being injured by baseball bats, hits or thrown balls and waive all claims against FCBC and the aforementioned entities and individuals.

I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evacuation expense or rescue expenses sustained through my child's participation in the FCBC Program.

I understand and agree the FCBC may require proof of age from any player. I agree to provide such proof, and, if such proof is insufficient, that FCBC may obtain such information through the Office of Vital Statistics Records. Anyone found knowingly giving false information to FCBC is subject to disciplinary policy, which could include immediate dismissal and revocation of a member in good standing status.

All parties to the registration process agree to abide by and uphold the rules and regulations of FCBC. Objectionable conduct or behavior, including profane and/or abusive language by players or parents will not be tolerated, and may prelude players' or parents' participation in FCBC sponsored events

Player Name	Parent Signature	Date