



2017 REGISTRATION

SIGN-UP: Saturday, February 4th & February 11th
10:30am - 2pm at Science Spectrum
2579 S. Loop 289 (Between University and Indiana)
League Action Begins Saturday, April 1st

Accommodating the physically and mentally challenged
AGES 5-18, or through the completion of high school.

**BRING THIS COMPLETED FORM AND \$10 PLAYERS FEE TO REGISTRATION
or mail/fax to the address below
NO LATER THAN FEBRUARY 24, 2017.
LATE REGISTRATION WILL ONLY BE ACCEPTED BASED ON AVAILABILITY**

Players Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birthday _____ Age _____

Type Disability _____ Medical Insurance Name _____ School Name _____

Please indicate physical limitations _____

Does he/she use a walker _____ wheelchair _____

Returning Player Yes _____ No _____ Team Name or Coach from previous year _____

New Player _____ Parent/Guardian interested in being a Coach or Assistant Coach? Yes _____ No _____

Birth Certificate Yes _____ No _____ (Must present birth certificate by the first game or he/she will not be allowed to play)

Player's Uniform	CAP SIZE: _____ CHILD (One size fits all) _____ ADULT (One size fits all)
	SHIRT SIZE: CHILD _____ Small _____ Medium _____ Large
	ADULT _____ Small _____ Medium _____ Large _____ XLarge _____ 2XL

Mother _____ Father _____ Guardian _____

Home Phone(s) _____ Work Phone(s) _____ Cell (s) _____

May we list your phone number on a roster? Yes _____ No _____ Which number _____ E-mail _____

Emergency Contact Person _____ Phone _____

Buddy Name _____ Shirt Size _____

I/We the parent/guardian of the above named player, know that participation in baseball may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, officers, sponsors, participants and other persons working in connection with the operation of said baseball activities.

Signature of parent or legal guardian _____

For more information call: Amy Rider 252-0576 or Lonny Kane 790-0022

LEAGUE USE ONLY	We have received:
Birth Cert. _____	Copy of DL _____
Background Check _____	Registration Fee _____
Scholarship Requested _____	

**Baseball for the physically and mentally challenged
P.O. Box 53695 • Lubbock, Texas 79453 • (806)792-5141 • Fax (806)792-5143**