



Chino Hills USA Baseball League

13089 Peyton Drive, Box C-226, Chino Hills, CA 91709

Player Registration - Spring Season

Player's Name: _____ Birthdate: Mo: _____ Day: _____ Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

2007 Fall Grade: _____ School: _____

Age as of May 1, 2008: _____ 4-6 _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-14 _____ Boy _____ Girl
(\$70) (\$90) (\$100) (\$105) (\$105)

Experience Level: _____ Exp _____ Good _____ Fair Shirt Size: _____ Pants Size: _____

YES - I would like to contribute to the Coach Tom Glassman Scholarship fund. Please add \$_____ to my registration amount below.

EMERGENCY INFORMATION:

Father: _____ Phone: _____

Mother: _____ Phone: _____

Family Physician: _____ Phone: _____

Relatives or friends to notify if parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Special notations regarding medical history: _____

If the above person needs emergency treatment and neither the parents or the family physician can be contacted, consent is hereby granted for necessary treatment in the opinion of the attending physician.

Parent / Guardian Signature: _____ Date: _____

On behalf of _____ (Player's Name), I hereby apply for his/her participation in Chino Hills USA Baseball and ask that this application be accepted. I hereby warrant that both myself and my child are familiar with the risks associated participation in an active sport, such as baseball. I warrant that my child is in good health and has no condition or defect that would interfere with his/her ability to participate in this sport. I hereby release, absolve, indemnify and hold harmless Chino Hills USA Baseball, a pending California non-profit organization, its officers, directors, organizersemployees, and agents of any and all liability or damage or expense of any kind in connection with my child's participation in CHUSA. I am hereby informed that all rostered players are covered by an insurance policy. In the event of an emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through CHUSA. Participation in competitive sports may result in serious injury even while obeying safety rules, following a proper conditioning program, and maintaining equipment properly.

I acknowledge that I have read this consent form and knowingly, on behalf of my child, assume all the risks associated with participation in the Chino Hills USA Baseball program.

Participant's Name (print): _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____

To be completed by CHUSA representative:

Registration Amount: _____

Method of Payment: _____ Cash _____ Check

Glassman Fund Amt: _____

Fundraiser By-out: _____

Payment & App received by: _____

TOTAL AMOUNT DUE: _____