



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

Player Registration - Winter 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, 2007: 4-6 (\$40) 7-8 (\$65) 9-10 (\$65) 11-12 (\$65) 13-14 (\$65) Boy Girl

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: