

**SOLANO COUNTY BASEBALL/SOFTBALL  
PLAYER/PARENT CONTRACT & APPLICATION  
PLEASE PRINT CLEARLY**

<b>PLAYER INFORMATION</b>			
Name:		Birthdate:	
Address:			
City/Zip:			
<b>PARENT/GUARDIAN INFORMATION</b>			
Father/Guardian Name:		Mother/Guardian Name:	
Address:		Address:	
City/Zip:		City/Zip:	
Home Phone:	Cell:	Home Phone:	Cell:
Email:		Email:	
<b>EMERGENCY INFORMATION</b>			
Emergency Contact:		Phone:	Relationship:
Insurance Carrier:		Policy Number:	
Doctor's Name:		Dentist's Name:	
Doctor's Phone:		Dentist's Phone:	
Does player have any medical conditions we should know about?			

I the parents/guardian of (Player's name) \_\_\_\_\_, hereby grant approval for participation in any and all Solano County Baseball league activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activates away from home or when neither parent nor legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such participation including transportation to & from the activities, and hereby waive, release, absolve, indemnity, and agree to hold harmless the local league or organization, Nations the organizers, sponsors, supervisors, umpires, participants, and persons transporting the player to and from activities, for any claim arising out of an injury to the player. I understand that All World insurance or prepayment plans, e.g. Kaiser, Blue Shield, etc, and has a deductible that I will be responsible for said insurance is utilized.

CODE OF CONDUCT: I understand the GOOD SPORTSMANSHIP begins with me, and that parental harassment of players, coaches, managers, league officials, and umpires will not be permitted. In the event that any program and/or team with no refund of monies paid. I will also replace only equipment or uniforms lost, stolen or damaged at the current replacement cost.

I, the parent or legal guardian of the above minor do hereby grant permission for said participation on Solano County Baseball.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that I have read the above CODE OF CONDUCT and will comply with the rules & guidelines set forth

PLEASE INITIAL \_\_\_\_\_

YOUTH SHIRT SIZE SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_

SCHOOL OR SCHOOL ATTENDED \_\_\_\_\_

**COST IS 110.00 PLEASE MAKE CHECK OUT TO SOLANO COUNTY BASEBALL**

**Please mail this form with your check to:**

SOLANO COUNTY BASEBALL

Lynn Lungstrum  
1195 Parkgreen Drive  
Dixon, CA 95620