

HBN Boys & Girls League Player Registration Form

- Fill out the application below online / download / print.
- Please note that registration is not official until payment is received.
- The cost includes a hat and jersey.

Please mail this form with your check to:
Solano County Baseball
Lynn Lungstrum
1195 PARKGREEN DR.
DIXON, CA 95620-2123
US

Today's Date *

I am signing my child up for: *

4-6 beginner t-ball
5-7 machine pitch
7-8 coach/kids pitch

Player Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Date of Birth *

Month Day Year

Coach Request / Friend Request (Teammate)

Name of Coach or Teammate you would prefer

Parent/Guardian (1): *

First NameLast Name

phone: *

Area CodePhone Number

Email *

example@example.com

Address *

Street Address

Street Address Line 2

CityState / Province

Postal / Zip Code

Parent/Guardian (2)

First NameLast Name

Phone Number (2)

Area CodePhone Number

Email (2)

example@example.com

Address (2)

Street Address

Street Address Line 2

CityState / Province

Postal / Zip Code

Name of Emergency Contact *

First NameLast Name

Phone Number *

Area CodePhone Number

Relation to Athlete *

Parental/Guardian Consent

AGREEMENT

I the parents/guardian of ABOVE NAMED PLAYER, 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 activities 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 in Solano County Baseball.

Date *

Name of signor *

First Name

Last Name

Youth Shirt Size: *

Small

Medium

Large

XLarge

Payment

Please send a check for the appropriate amount: *

T-Ball 4U, 5U, 6U: \$115

Machine Pitch ages 5-7 - for Advanced Players: \$120

Kids' Pitch ages 7-8: \$140