

St Johns Youth Baseball Registration Form

Player Name: _____ Phone: _____ Birth Date: _____

Address: _____ City: _____ State: _____

Gender Male Female Zip Code: _____

Email Address: _____

Guardian Name: _____ Phone: _____ Relationship: _____

Guardian Name: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

School Name: _____ Grade: _____

Division

- Tee-Ball
- PeeWee
- Minor
- Little
- Pony
- Girls Minor
- Girls Major

Grade

- Pre-K
- 1 & 2
- 3 & 4
- 5 & 6
- 7 & 8
- 3 - 5
- 6 - 8

Shirt Size

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large
- Adult XX-Large

League Use Only

Date Paid ___/___/___

Cash Check

Check # _____

Player Fee: _____

Fees: _____

Total Paid: _____

Send Check To:
 SJYBA
 P.O. Box 95
 St Johns, MI 48879

Medical Information

Preferred Doctor Name: _____ Phone: _____

Preferred Dentist Name: _____ Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____ Policy Number: _____

Medical History: Allergies, Medications, Special Conditions, etc

Medical Authorization

PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (2), or preferred Dentists or in the even designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This Authorization does not cover major surgery unless medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Participant Name: _____

Parent/Guardian/Custodian: _____ Signature: _____

Part II REFUSAL OF CONSENT (Do not complete if Part I has been completed)

I do NOT give consent for emergency medical treatment of my child. In the even of illness or injury requiring emergency Treatment, I wish that St Johns Youth Baseball to take no action, or perform the following actions:

Actions to be performed: _____

Participant Name: _____

Participant/Guardian/Custodian Signature: _____