

PLAYER INFORMATION			
Child's Name		Team Name Last Year	
Address		Date of Birth	
City and Zip		Home Phone	
Child's School		Cell/Work Phone	
Sibling Playing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address	
Sibling Name		Sibling Team Name	

FEES AND METHOD OF PAYMENT					
<i>Third Child (Sibling) 50% Reduction off Lowest Rate</i>					
<u>DIVISION</u>	<u>Reg. FEE</u>	<u>+</u>	<u>FUNDRAISER CARDS</u>	<u>METHOD OF PAYMENT</u>	<u>Received by</u>
Majors	Each Child -- \$100 or (\$85 before Jan 25)	+	\$20.00	Check # _____ Cash _____	_____
AAA Minors	Each Child -- \$100 or (\$85 before Jan 25)	+	per	Check # _____ Cash _____	_____
AA Minors	Each Child -- \$90 or (\$75 before Jan 25)	+	Family	Check # _____ Cash _____	_____
Instructional (clinic)	Each Child -- \$80 or (\$65 before Jan 25)	+		Check # _____ Cash _____	_____

MEDICAL INFORMATION

Does your child have any medical conditions? _____ Yes _____ No

Is your child currently receiving any prescription medication? _____ Yes _____ No

CLCF should be aware that my child has the following medical condition. However, this condition will not prevent my child from participating in CLCF Baseball since the health risk is under control.

Please Explain the child's condition:

Please explain how the child is being treated for this condition:

Please List any and all prescription medication your child is currently receiving and why:

LIABILITY WAIVER AND CONSENT

I realize that my child has an obligation to his / her CLCF Baseball Team. This includes participation in practices, games and other related obligations until the completion of the baseball season. The failure to honor these obligations (except for reasons of illness, academics or family hardship) may result in his / her being denied team and individual certificates and / or trophies. It may also result in his / her being denied participation in CLCF Baseball programs in the future.

I will be responsible for payment of all registration fees, all uniforms and/or equipment and I agree to return same in as good condition it was received except for normal wear and tear.

In accordance with section 7-6-21 of the general laws of Rhode Island entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events", I, as an individual and as a guardian, will not hold CLCF or its volunteers liable for any illness, injury or accident which occurs to him / her while he / she is participating in the program or traveling to or from practices, games or related activities. I further release, relinquish and waive any and all claims that I, he / she, or we may have from any accident, injury or illness that occurs as a result of his / her participation in the CLCF programs.

I have read and understand the Liability Waiver. I consent to involve my child in the CLCF Baseball Program.

Signature of Parent or Guardian X _____ Date _____

INTERESTED IN VOLUNTEERING

_____ Coaching	_____ Fund Raising	_____ Awards / Banquets
_____ Concessions	_____ Umpiring	_____ Field Maintenance
_____ Sponsoring	_____ Booster Club	_____ Any Other Area of Need