



Stars Baseball League

Tel. 617-816-0395

P.O. BOX 366004

Boston, MA. 02136

Registration Form

Player Information

Player's Name: _____ Birthdate ____/____/____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian Information

Father's Name: _____

Telephone (home): _____ Cell: _____

Mother's Name: _____

Telephone (home): _____ Cell: _____

- I will volunteer to be a coach _____ Assistant coach: _____
- As Parent or Guardian of: _____ I understand the risk and potential of injury that exists when participating in this activity of baseball. I release from responsibility the organizers, coaches and volunteers of *Stars Youth Baseball League* of any liability for the injury of my child during practice, games or other functions of the league.
- In the event of an injury, if parent or guardian is not present, I give the *Stars Youth Baseball League* permission to administer first aid and/ or call an ambulance for treatment and transport to a hospital.
- In case a player is suspended or leave at his own will there is no refund.

Parent's Signature: _____ Date: ____/____/____

Size: _____