

SOUTH MISSOURI RIVER LEAGUE PLAYER REGISTRATION FORM

Player's name: _____
(Last) (First) (MI)

AGE ON JUNE 30th: _____ Male _____ Female _____

Age Division: (Boys --FL,7U TBall, 8U Coach Pitch, 10U, 12U, 15U)

(Girls-- FL, 7U TBall, 8U Coach Pitch, 10U, 12U, 15U)

Date of Birth: Month _____ Day _____ Year _____

Address: _____

Parent(s) Name: _____

Parents Email: _____

Mother's Numbers: Home: _____ Work: _____ Cell _____

Father's Numbers: Home: _____ Work: _____ Cell _____

Player's Cell Number _____

Out of area player? _____ If yes, attach completed out of area player form.

We hereby give our consent for our child, _____ to accompany their team from Taos in the South Missouri River League on trips and will NOT hold the coaches, the SMRL or its officials, the sponsoring organization Taos Knights of Columbus, its personnel, or sponsors responsible in case of accident or injury, whether it be en-route to or from another town, or during practice or in a contest. We also agree to hold coaches and volunteers associated with the team harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever, which may arise by or in connection with participation by my child in any activities related to the above mentioned summer league program.

If we cannot be reached and in the event of an emergency, we also give consent for the coaches and/or volunteers associated with the team, to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the child, if he/she is injured in the course of these activities. We further agree to be financially responsible for any such medical care.

Signature of Parents or Guardians: _____

Date _____

Does this player anticipate playing in another league? Yes _____ No _____

Cost of the Local Fees: Per child _____ Family rate if applicable _____

Rev 1-25-16 – KCCC per league commissioners (boys age chg)