



# 2024 Alliance Hot Stove Baseball Sign Up Form

For your convenience, you can also register online at [www.alliancehotstove.org](http://www.alliancehotstove.org)

If you have questions, we can be reached by email at [alliancehotstove@gmail.com](mailto:alliancehotstove@gmail.com), by phone or text at 330-539-2255, or on our Facebook page "Alliance Hot Stove Baseball League."

***\*An early bird discount of \$10 will be applied for any sign ups completed by midnight on February 17th\****

Players Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 05/01/23 \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Team played for last year: \_\_\_\_\_ School player attends: \_\_\_\_\_

Your email address: \_\_\_\_\_

I would be interested in: Managing ☐ Coaching ☐ Helping w/State Tournament ☐

NOTE: No refunds will be made after uniforms are ordered. Refunds after teams are organized will only be made with Hot Stove Board approval. *\*Please be prepared to play games any day of the week.*

## Tag Day Opt Out

☐ I will pay an additional \$50.00 for my child (NOT) to participate in the League Tag Day (I thru G Leagues only)

☐ My child will participate in the League Tag Day (I thru G Leagues only)

If NO BOX is checked your child WILL participate.

Parents Signature \_\_\_\_\_

## In person sign up dates and times for All Leagues:

***\*An early bird discount of \$10 will be applied for any sign ups completed by midnight on February 17th\****

### Fees:

T-Ball (5-6 years).....80.00  
I-League (7-8 years).....90.00  
H-Leagues (9-10 years).....110.00  
G-Leagues (11-12 years).....110.00  
F-Leagues (13-14 years).....110.00  
E & EE-Leagues (15-18).....160.00

### Location - Buckeye Village Market Place

***\*There will only be two weekends of in person sign ups.\****

⇒ Saturdays Jan 27th and Feb 3rd 10:00a.m. to 4:00p.m.

⇒ Sundays Jan 28th and Feb 4th 12:00p.m. to 4:00p.m.

***\*\*LATE FEE - A \$25 late fee will be added to entires submitted after March 1st for I through F leagues.\*\****

***\*Family/multiplayer discount:*** If you are registering more than one player, you will pay full price for the first, highest level, player. You will then pay half price (50%) of the fee for each additional player, regardless of age or league classification.\*

- Registrations for I though F will be accepted until midnight on March 1st.
- Registrations for T-ball will be accepted until the last day of March.
- Registrations for E and EE will be accepted until April 20th.

Please bring players fees ( cash or check ) along with the completed sign up sheet to Buckeye Village or Mail to Address Below. You may also register online by visiting [www.alliancehotstove.org](http://www.alliancehotstove.org).

Payment ☐ Cash ☐ Check# \_\_\_\_\_

Accepted by: \_\_\_\_\_

☐ Opt Out Total Amount Paid \$ \_\_\_\_\_

Date Received / Deferred: \_\_\_\_\_

Note: Paper registration may be mailed to: Alliance Hot Stove Baseball

3650 Baldwin Ave.  
Alliance, Ohio 44601

**OVER →**

# Medical Consent Form

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by about named Doctors, or in the event the designated preferred practitioner is not available by another licensed physician or dentist.; and
2. The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentist concur in the necessity for such surgery.

List below facts concerning the child's medical history including **allergies, medications being taken** and **physical impairments** to which a physician should be alerted:

---

---

---

---

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Hot Stove League authorities to take the following action:

---

---

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_