

Warrior Developmental League Registration Form



| | | |
|------------------------|--------------------------------|---------------------------------|
| TEAM Assignment | For League Use Only | Middle School Attended - |
| Team: | | |
| Division: | Middle School Uniform # | |
| | | |

PLAYER INFORMATION

| | | | | | | | |
|------------------------------------|---|-------------------------------|--|-----------------------|--|--------------------|--|
| Birth Date: (mm/dd/yyyy) | | Returning Player (Y/N) | | Previous Coach | | Prev. Team | |
| Last Name: | | | | First Name: | | | |
| Address: | | | | | | Home Phone: | |
| City: | | | | Zip Code: | | | |
| Child lives with: | Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Grandparents <input type="checkbox"/> | | | | | | |
| Medical Concerns: | | | | | | | |

PARENT/GUARDIAN INFORMATION

| Father/Guardian 1 Information | | | | | Mother/Guardian 2 Information | | | | | | |
|--|--------------------------|-------------------------|--------------------------|------------------------|--|-----------------------------------|--------------------------|-------------------------|--------------------------|------------------------|--------------------------|
| First Name: | | | | | First Name: | | | | | | |
| Last Name: | | | | | Last Name: | | | | | | |
| Address: | | | | | Address: | | | | | | |
| Work Phone | | | | | Work Phone | | | | | | |
| Cell Phone: | | | | | Cell Phone: | | | | | | |
| Email: | | | | | Email: | | | | | | |
| Interested in Volunteering for: | | | | | Interested in Volunteering for: | | | | | | |
| Coach | <input type="checkbox"/> | Team Mom | <input type="checkbox"/> | Field Crew | <input type="checkbox"/> | Coach | <input type="checkbox"/> | Team Mom | <input type="checkbox"/> | Field Crew | <input type="checkbox"/> |
| Events Support (Donations) | <input type="checkbox"/> | Team Sponsorship | <input type="checkbox"/> | Assistant Coach | <input type="checkbox"/> | Events Support (Donations) | <input type="checkbox"/> | Team Sponsorship | <input type="checkbox"/> | Assistant Coach | <input type="checkbox"/> |

Comments (List Friend or Relative Name & Phone Number not living in the home in case of emergency)

First Name: _____ Last Name: _____ Phone: _____ Relation: _____

First Name: _____ Last Name: _____ Phone: _____ Relation: _____

NO REFUNDS

Release and Discharge (Please Read and Sign Below) In consideration of accepting the above-mentioned player, I grant him/her permission to participate in the Fresno Warriors Baseball programs. For the same consideration, I hereby release and forever discharge the Fresno Warriors Baseball, its Officers, Directors, Conveners, Coaches, Umpires or other Officials from all claims, demands, damages, actions or causes of action arising or to arise by any reason because of my son's/daughter's participation in any FWB program, in this or any successive years, including (but without limiting the generality of the foregoing) any and all dental and medical bills and further of and from all claims or demands whatsoever in law or in equity which I, my heirs, executors, administrators or assignors can, shall or may have by reason aforesaid. I further agree to abide by the rules, regulations and bylaws of the FWB. I understand and acknowledge that Fresno High Babe Ruth League has my agreement for the collection, use and disclosure of any and all personal private information herein provided in accordance with the Personal Information Protection and Electronics Documents Act in this year or any successive years of participation.

Parent Signature: _____

Dated: _____

METHOD OF PAYMENT

FOR LEAGUE USE ONLY

Amount Paid: _____ **Cash** ☐ **Check** ☐ **Check #** _____

League Rep. Signature _____

Player Shirt Size

| | | | | | |
|-------------------------|----------------------------------|-----------------------------------|-----------------------------------|--|--|
| Adult Shirt Size | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large | | |
| | <input type="checkbox"/> X-Large | <input type="checkbox"/> 2X-Large | <input type="checkbox"/> 3X-Large | | |
| | | | | | |
| | | | | | |