

# Boys Junior Foxes Summer Baseball Registration

## Registration Information for the Boys Summer Baseball League

**PONY LEAGUE** - 13 year olds (7<sup>th</sup> grade going into 8<sup>th</sup> grade) Born between the dates of May 1, 1996 and April 30 1997.

**JUNIOR BABE RUTH** - 14 year olds (8<sup>th</sup> grade going into 9<sup>th</sup> grade) Born between the dates of May 1, 1995 and April 30, 1996.

**BABE RUTH** – 15 year olds (9<sup>th</sup> grade going into 10<sup>th</sup> grade) Born between the dates of May 1, 1994 and April 30, 1995.

**TRY-OUTS** – If needed the tryouts will be held in April, dates and times to be determined at a later date. Each player that registers will be notified by his coach on the status of tryouts by March 15, or earlier. The sooner all registrations are received the sooner players will be notified. We have the right to refuse any registration received after March 15, 2010.

Moving up to play at your grade level will be allowed. Moving down will not be allowed due to Birth Date League Rules. Age of player must be between dates stated above or younger. If a player qualifies to play for more than 1 age group (age or grade) please specify preference or the registered player will be automatically placed with the team of the players grade.

Please submit Registration form and payment of \$110.00 no later than March 15, 2010 to the address below:

Dale Spencer  
N995 Fox Springs Dr.  
Greenville, WI 54942

Make Checks payable to “**Junior Foxes Baseball**”

If you have any questions contact:

Dale Spencer  
Phone 920-757-6052  
Cell 860-367-4987  
E-mail - Dale\_Spencer @GuntherIntl.com

Note: It is not a requirement of this program to attend or commit to attend FVL High School

# JUNIOR FOXES BASEBALL REGISTRATION

## PLAYER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

DOB \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name (Both) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Junior Foxes Team played for last year, (circle one) 13 Pony 14 Babe Ruth 15 Babe Ruth None Unknown

Junior Foxes Team registering for this year (circle one) 13 Pony 14 Babe Ruth 15 Babe Ruth

Paid \$110.00 \_\_\_\_\_ Make Checks payable to: **Junior Foxes Baseball**

Comments \_\_\_\_\_

## MEDICAL, ACCIDENT, AND HEALTH INSURANCE INFORMATION

A. Do you have accident and health insurance as a (Check one) Individual \_\_\_\_\_ Group \_\_\_\_\_

B. Name of your Insurance Carrier \_\_\_\_\_

C. Insurance Carrier Policy Number \_\_\_\_\_

D. Name of your Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

E. Your Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

F. Your Family Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_

The undersigned parents, parent, or guardian of \_\_\_\_\_, a minor child and participant in the Junior Foxes Baseball program, do hereby waive, release, and relinquish any claim or cause of action against Junior Foxes Baseball, its officers, officials, a team member, and other persons, directly or indirectly involved in its activities arising out of the participation of the above named minor in said program. As parent/parents or guardian, we assume all risks and hazards incidental to the activities of Junior Foxes Baseball, including transportation to and from the place of activity.

As parent/parents or guardian we hereby authorize Junior Foxes Baseball to provide medical and/or emergency medical and surgical care recommended by a qualified physician if the nature and time limitation of the emergency does not permit notification of said adults. Parent/parents or guardian will be notified as soon as possible concerning the occurrence and circumstances of the emergency.

## SIGNATURE OF PARENT/PARENTS, OR LEGAL GUARDIAN/GUARDIANS (ONLY ONE NEEDED)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_