

2010 Palatine Baseball Association

Palatine Park District Registration/Emergency Release Form

PLEASE PRINT ALL INFORMATION

Participant's Last Name _____ First Name _____ Home Phone _____

Gender _____ Birthdate _____ Current Age _____ Current Grade _____ Work/Emergency Phone _____

Last Name (head of household) _____ First Name _____

Address _____ City _____ State _____ Zip _____

Email (required) _____

Please check if this is a new address or phone number.

Participates in other spring/sport activity? Which? _____

Players age as of upcoming August 31 _____ Did you play in PBA or PYB/S in 2009? _____

List additional family member(s) - PBA _____

To complete your registration form check off the appropriate League and circle the Program Fee.
Return to the Palatine Park District, 250 E. Wood Street, Palatine, IL 60067

PNO	
FOR OFFICE USE ONLY	
CA CK CG R NR FHS PHS SCH	
Checked by _____	Date _____
Processed by _____	Date _____
Batch # _____	
Fee \$ _____	

PARENT PARTICIPATION CHOICES	
1) SPONSOR 2) MANAGER 3) COACH 4) CONCESSION STAND	
Father's Name _____	Choice # _____
Mother's Name _____	Choice # _____

DIVISION				PROGRAM FEE			
Check League	SOFTBALL (Age as of 8/31/10)			Resident	Non-Res. Within FHS or PHS	Non-Resident	Registration Deadline
	9260-9	Jr. High (7th-8th grade)	13-14 years	\$150	\$175	\$225	3/1/10
	9261-9	High School	18 years & under	\$150	\$175	\$225	4/1/10
	9268-9	Young Women	19-29 years	\$150	\$175	\$225	4/1/10
	9269-9	Girls Travel (Age as of 1/1/10)	13-14 years	\$150	\$175	\$225	
BASEBALL (Age as of 8/31/10)							
	9262-9	Pony	7th-8th grade	\$150	\$175	\$225	3/1/10
	9263-9	Colt	15-17 years	\$160	\$185	\$240	5/1/10
	9264-9	Palomino	18-29 years	\$160	\$185	\$240	5/1/10
	9270-9	Boys Travel	13-14 years	\$150	\$175	\$225	
	2nd child fee			\$130	\$155	\$195	
	Additional child fee			\$120	\$145	\$180	

I played Freshman, Jr. Varsity, Varsity softball/baseball at _____ High School.

PBA DOES NOT HAVE AN EARLY BIRD RATE!

This section must be Completed if you use VISA, MASTERCARD or DISCOVER.	(Circle one) VISA MASTERCARD DISCOVER Cardholder (print) _____ Expiration date: _____ Card Number: _____ Amount of Charge: _____ Authorized Signature: _____
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This section MUST BE completed for ALL PBA participants.

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. **EMERGENCY TREATMENT:** A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. **TO WHOM IT MAY CONCERN:** As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on the reverse side of this form or on a separate piece of paper to be attached to this form.

Signed _____ Relationship to participant _____
 Emergency Name _____ Emergency Phone _____

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that the staff should be aware of _____

PLEASE NOTE: The Palatine Baseball/Softball Association is organized and governed by a volunteer Board of Directors. This Board of Directors raises funds to supplement registration fees to offset expenses associated with the Palatine Baseball Association. Occasionally, expenses are incurred which are not previously approved by Park District staff or by the Board of Park Commissioners. Occasionally, Palatine Baseball/Softball Association organizational positions are taken relative to Park District issues and/or Park Board candidates which may not represent the views of the Park Board and/or individual commissioners.