

ST. ALBERT YOUTH BASEBALL REGISTRATION FORM

Child's Name (print): _____

Current Grade: _____ Teacher: _____

This Parental Signature releases St. Albert Catholic Schools and all coaches/volunteers involved from claims (present or future) resulting from any injuries which may occur during this St. Albert Catholic Youth Sports League participation. This signature gives us permission to provide emergency medical care as deemed necessary.

Parent Signature: _____ Date: _____

Phone: _____ (home) _____ (cell)

Email Address (can access on weekends, i.e. rainout notification): _____

****This release must be signed by a parent of the player in order for the child to be able to play.****

Willing to coach a team? _____ Willing to be assistant coach? _____

Your Name: _____

(You will be notified of your coaching assignment when the teams are organized)

The cost is \$30.00. Send a check payable to St Albert or we accept cash. Please send this form and payment with your child to give to their teacher in an envelope marked "SA BASEBALL" by Tuesday April 6th .

Please mark the youth uniform size:

_____ Small

_____ Medium

_____ Large

_____ Adult Small

_____ Other: Please Specify: _____

Uniforms (shirts and caps) will be handed out at the 1st or 2nd practice.

Questions call:

Ed or Julie Noethe 366-5242