

# HTJBSA – 2008 Season Registration Form

For Official Use Only

Amount Due: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Cash [ ] Check # \_\_\_\_\_  
Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

Please make checks  
Payable to "HTJBSA"

Player: \_\_\_\_\_

Address: \_\_\_\_\_

Sex - Male Female

\_\_\_\_\_

Playing age-  
Boys age as of 4/30/2008 \_\_\_\_\_  
Girls age as of 1/1/2008 \_\_\_\_\_

E-mail address: \_\_\_\_\_

Shirt Size _____
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Number _____
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Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Team Last Year: \_\_\_\_\_

Parents: \_\_\_\_\_

Lives With: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Comments: \_\_\_\_\_

Welcome to the 2008 Season!

Please fill out this form as completely as legibly as possible. Make any corrections as necessary. April 30<sup>th</sup> is our age cutoff for boys at all levels. January 1st is our age cutoff for girls playing at all levels. If you have any questions, please discuss with a board member.

Please let us know if you are interested in volunteering your time for any of the following:

Manager: ( ) Yes      Previous Experience / Team: \_\_\_\_\_  
Coach: ( ) Yes      Previous Experience / Team: \_\_\_\_\_  
Team Mom: ( ) Yes      Previous Experience / Team: \_\_\_\_\_  
Sponsor: ( ) Yes      Sponsor Name: \_\_\_\_\_

Do you have any other special skills you can volunteer? Please let a Harris Board member know.

Please indicate (by circling) if your child will be trying out for one of the following:

*Babe Ruth 14-15 Babe Ruth 13 Boys AAA Boys AA Boys A Girls 16-under Girls 12-under*

Please fill out the medical information and Waiver of Liability on page two of this form. We need this form filled out and signed if your child is to play. Thank You!

\*\*\* A \$30 Fee will be charged to all returned checks

**2008 League Registration Form**  
**Consent for Emergency Medical Treatment of a Minor Child and**  
**Liability Waiver**  
**HTJBSA Parents & Coaches “Code of Ethics”**

I/We, the parent or legal guardian of \_\_\_\_\_ (the “Child”), consent to have a coach, any licensed physician, dentist, emergency medical technician, hospital or other health care facility to provide any and all medical assistance required to be administered to the Child to relieve any injuries sustained by the Child arising out of or related to her/his participation with HTJBSA, until such time as I may be contacted. We also assume the responsibility for the payment of any such treatment. This consent is effective for the period of one year from the date signed.

Child’s medical concerns or conditions (including allergies): \_\_\_\_\_  
\_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Emergency Contact Information:

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for free use of my child’s picture and name on the HTJBSA website and marketing materials.

\_\_\_\_\_  
Signature(s) of parent(s) or guardian(s)

\_\_\_\_\_  
Date:

Witness \_\_\_\_\_ (other than the parent/guardian signing above)

**Liability Waiver**

I/We, the parents and/or guardian of \_\_\_\_\_, (the “Child”) hereby give my/our, on behalf of my spouse, approval to participate in any and all league activities. I/We acknowledge that our child will be engaging in activities that involve risk of serious injuries including permanent disability or death, which might result from her/his own actions, inactions or negligence, but action, inaction or negligence of others, rules of play, transportation to or from the activities, or the condition of the premises or of any equipment used, and that there may be other unknown risks not reasonably foreseeable at this time. I/we do hereby waive, release, absolve, indemnify and hold harmless, and agree not to sue Harris Township Junior Baseball-Softball Assn., Inc. (“HTJBSA”), HTJBSA volunteers and staff, the chartering organization, sponsors, participants, and persons transporting my/our child to and from activities; for any and all liability or claim arising out of or relating to illness, injury, death or other damages that may result to my/our child, whether the result of negligence or from any other cause. I/We agree that our child has received a physical examination and has been found physically capable of participating in the activities. I/We have read the above waiver and release and understand that I/we have given up substantial rights by signing this release below. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials.

I/We agree to adhere to the HTJBSA Parents & Coaches “Code of Ethics”. Failure to do so may result in disciplinary action by HTJBSA.

Signature \_\_\_\_\_  
Father/Guardian

Signature \_\_\_\_\_  
Mother/Guardian

# **HTJBSA Parents & Coaches “Code of Ethics”**

I hereby pledge to provide positive support, care and encouragement for my child participating in HTJBSA sports by following this “Code of Ethics”:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other HTJBSA sports event.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child’s coach uphold the same “Code of Ethics.”

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco, alcohol, and firearms and will refrain from their use at all HTJBSA sports events.

I will remember that the game is for youth – not adults.

I will do my very best to make HTJBSA sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will help my child enjoy the HTJBSA sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I understand that if I fail to uphold this “Code of Ethics”, I will be subject to appropriate disciplinary action, which may include being required to immediately and/or permanently leave the HTJBSA organization.

\_\_\_\_\_  
Parents/Guardians Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date