Bluffton Diam	ond Sports	2013	Baseball/Softba Check #	• •	
Return completed	form (both sides)	with \$45 fe			
	12 th from 6:00 PI				
	15 th from 6:00 PM		-		
	6 th from 9:00 AM				
		OR		, <u>_</u>	
I Completed Form	(postmarked by	-	23 rd) and \$45 Fe	ee* (pavable)	to BDS)
		-	ond Sports		
		50 E Colle	•		
		luffton, Ol	•		
*Note: Early Bird Reg. Fee		-		Eeb 25 th is \$50.00 for	1 st child \$4
	ild, \$40.00 for 3 rd child and				i ciliu, 94
	iiu, \$40.00 101 5 Chilu and	a will offiy be acc	epied il illere is space a		
Please Check one	Ba	seball	Softball		
Player Name					_
Date of birth	Age as of June 1, 2013				
Address		City			
e-Mail address			Phone		_
School					
Parent/Guardian N	lames				
Cell Phone(s):				Text: Y or	N
Parent/Guardian a Address					
State	Zip		Phone		
Is your son/daughter in any	other spring sport and/or	activity?	res or No		
If so, what is it and what nig	ht of the week does it take	e place if you kno)w/?		

Parents/guardians: *Please indicate below if you are willing to volunteer* as a coach or team parent (team parent would assist coach with passing out picture forms, fundraiser info, signing up parents for concessions, etc). All other parents will be expected to volunteer to help with either scorebook keeping, umpiring, and/or concessions. *My spouse and/or I will assist in the following (check all that apply):*

Coaching _____ Team Parent_____

Consent for Medical Treatment (minor)

As a parent or legal guardian of the below-named player, I hereby give consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Player's Name						
hysician Phone Number						
Known Allergies (drug/other)						
Date of last tetanus shot						
Medications being taken Name						
Name	Dosage	Time(s) taken				
List of health problems						
(e.g., asthma, epilepsy, vision, other)						
Waiver and Release I acknowledge that participation in the sport of baseball/softbar release, and discharge any and all claims I may have or acquire presentatives as a result of my or my child's participation in Village of Bluffton or Beaverdam; I agree to hold harmless BE claims resulting from injuries, damages, and losses, including programs offered by BDS or on the baseball diamonds in the numbers of players on a roster due to a lack of volunteer coa	uire against Bluffton Diamond baseball/softball at any indo DS, its officers and its authori death, sustained while I or r Village of Bluffton or Beaver	Sports (BDS), its officers and authorized or practice facility or diamonds in the zed representatives from any and all ny child participates in any activities or				
 BDS Code of Conduct: I will demonstrate the values of self-restraint, fair pl practice session, or other BDS sponsered event. I will ask my child to treat all players, coaches, fans involvement with youth sports a positive experience. I will promote a drug, alcohol, and tobacco-free env BDS events. I understand that failure to abide by the above code 	s, and officials with respect ar e. /ironment for my child and ag	nd do my best to make my child's ree to assist by refraining from their use a	ət			
I have completed the form to the best of my knowledge. I have	ve read and will abide by the	BDS code of conduct.				
Signature: (Parent/Guardian)	Date					
COMMITTEE USE ONLY						
Baseball Machine Pitch(7-8)Little League(9-10	0)Jr. Pony(11-1	l2)JrHigh				
Softball Coach Pitch (8-10) Tri-County (11	-13) JrHigh_					
Team C	oach					