Bluffton	Diamond	Sports
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2014 Baseball/Soft	ball Sign-up Form
Check #	Cash

Return completed form (both sides) with \$45 fee* on the following dates and locations:

Thurs, Feb. 6th from 6:00 PM – 8:00 PM High School Gym Entrance Fri, Feb. 14th from 6:00 PM – 8:00 PM High School Gym Entrance Sat, Feb. 15th from 9:00 AM – 12:00 PM High School Gym Entrance

OR

Mail Completed Form (postmarked by February 22nd) & \$45 Fee* (payable to BDS) to: Bluffton Diamond Sports c/o Erinn Prater 750 E College Ave Bluffton, OH 45817

*Note: Early Bird Reg. Fee-\$45.00 for 1st child, \$40.00 for 2nd child, \$35.00 for 3rd child--after Feb 22nd is \$50.00 for 1st child, \$45.00 for 2nd child, \$40.00 for 3rd child and *will only be accepted if there is space available* on a team!*

Please Check one	Baseball	Softball	
Player Name			
Date of birth	Age a	as of June 1, 2014	
Address	C	ity	
e-Mail address		Phone	
School	Grade		
Parent/Guardian N	lames		
Cell Phone(s):		Text: Y or N	
	ddress/phone if different	from player: ity	
State	Zip	Phone	
If so, what is it and what nig	·	Yes or No u know?	
Parents/guardians team parent (team info, signing up pa volunteer to help w	: Please indicate below if parent would assist coad rents for concessions, etc.	you are willing to volunteer as a coach or ch with passing out picture forms, fundrais c). All other parents will be expected to bing, umpiring, and/or concessions.	
Coaching 1	ream Parent		

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Softball

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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				
Physician	Phone	Number		
Known Allergies (drug/oth	er)			
Date of last tetanus shot _				
Medications being taken _	Name	Dosage	Time(s) taken	
List of health problems (e.g., asthma, epilepsy, vis				
Waiver and Release I acknowledge that participation in the serelease, and discharge any and all clair representatives as a result of my or my Village of Bluffton or Beaverdam; I agree claims resulting from injuries, damages programs offered by BDS or on the base numbers of players on a roster due to a	ms I may have or acquent child's participation in the to hold harmless BE and losses, including the ball diamonds in the	uire against Bluffton Diamond baseball/softball at any indoo DS, its officers and its authoriz death, sustained while I or n Village of Bluffton or Beavero	Sports (BDS), its officers and author practice facility or diamonds in the zed representatives from any and all my child participates in any activities	rized e or
 practice session, or other BD I will ask my child to treat all involvement with youth sport 	S sponsered event. players, coaches, fans s a positive experience, and tobacco-free env	s, and officials with respect ar e. vironment for my child and ag	treatment of others at every game, and do my best to make my child's ree to assist by refraining from their action.	use a
I have completed the form to the best of	of my knowledge. I ha	ve read and will abide by the	BDS code of conduct.	
Signature:(Parent/Guardian)		Date		
COMMITTEE USE ONLY				
Baseball Machine Pitch(7-8)Lit	tle League(9-1	0)Jr. Pony(11-1	2)JrHigh	

Coach Pitch (8-10) _____ Tri-County (11-13) _____ JrHigh_____

Team _____ Coach _____