



2019

Town of Cambria Baseball / Softball Registration Form

Cambria House League Fees:

Resident: \$40 per child Non-Resident: \$60 per child

Cambria Travel League Fees:

Girls Travel Team - \$100

Name: _____ Date of Birth: _____ Phone: _____

(mm/dd/yy)

Address: _____ City / State / Zip _____

Email Address: _____ Parent/Guardian Name(s): _____

Interested in coaching: ___Y___N Birth Certificate Presented: ___Y___N- on file, played last year

Did you play last year? ___Y___N Team Name: _____ / Coach: _____

Cambria House Leagues

- T-Ball (4-5 co-ed)
- Midgets (6-7 co-ed)

Boys

- Minors (10U)
- Majors (12U)
- Babe Ruth (15U)

Girls

- Softball (11U)
- Softball (14U)
- Pony Tail (18U)

Age as of Jan. 1st: _____

Boys Age _____

Travel Leagues

- Girls Softball Travel Team 12U
- Girls Softball Travel Team 14U
- Girls Softball Travel Team 16U
- Girls Softball Travel Team 18U

Age as of Jan. 1st: _____

Shirt size (please check one):

Child: ___S___M___L Adult: ___S___M___L___XL

PERMISSION WAIVER:

I GIVE PERMISSION FOR MY CHILD _____, TO PARTICIPATE IN THE TOWN OF CAMBRIA BASEBALL PROGRAM. I UNDERSTAND AND HEREBY RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AGAINST THE TOWN OF CAMBRIA, THE RECREATION COMMITTEE, THE COACHES, ALL EMPLOYEES OF THE TOWN OF CAMBRIA AND THE PEKIN FIRE COMPANY FOR INJURIES TO THE ABOVE NAMED PERSON OR PROPERTIES DURING ANY ACTIVITY RELATED TO PARTICIPATION IN THE BASEBALL PROGRAM.

I ALSO ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO REVIEW AND ENFORCE THE RULES OF THE PROGRAM WITH MY CHILD AND WILL PROMOTE GOOD SPORTSMANSHIP ETHICS BOTH ON AND OFF THE FIELD WHILE PARTICIPATING IN THIS PROGRAM.

DATE: _____

PARENT/GUARDIAN SIGNATURE

OFFICE USE ONLY

Receipt # _____

Cash _____ Check # _____

Credit Card _____



2019 Town of Cambria Individual Health Record & Medical Permit

NAME _____ BIRTH DATE: _____

HOME ADDRESS: _____

PARENT/ GUARDIAN: _____ HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

FAMILY PHYSICIAN: _____ PHONE: _____

FAMILY MEDICAL / HOSPITAL INSURANCE CARRIER: _____

POLICY NUMBER: _____

DATE OF LAST HEALTH EXAMINATION: _____

DATE OF LAST TETANUM IMMUNIZATION: _____

ILLNESSES AND INJURIES

- ASTHMA BLEEDING/ CLOTTING DISORDER DIABETES
 HEART DEFECT/ DISEASE HYPERTENSION MUSCULOSKELETAL DISORDERS
 SEIZURES OTHER (SPECIFY)

OPERATIONS AND OR SERIOUS INJURIES (WITH DATES)

ALLERGIES

- ANIMALS FOOD HAY FEVER INSECT STINGS
 MEDICINE PLANTS POLLEN SUN
 OTHER (SPECIFY)

**TOWN OF CAMBRIA
INDIVIDUAL HEALTH RECORD AND MEDICAL PERMIT**

OTHER HEALTH CONDITIONS

- EMOTIONAL DISTURBANCES FAINTING MENSTRUAL CRAMPS
 HEARING IMPAIRMENT WEARS GLASSES WEARS CONTACT LENSES
 OTHER (SPECIFY) _____

Please explain all items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted:

MEDICATIONS

Please list all medications participant is currently taking and for what reason:

MEDICAL ATTENTION AUTHORIZATION

In and EMERGENCY, should it happen that we, the parents and/or guardians of _____ cannot be located promptly, HEREBY AUTHORIZE THE REPRESENTATIVE/ SUPERVISING ADULT (coach or site leader) of the TOWN OF CAMBRIA BASEBALL/ SOFTBALL/ T-BALL PROGRAM OR THE SUMMER RECREATION PROGRAM to be my (our) agent in authorizing any hospital/ physician deemed advisable by, and rendered under the general supervision of any licensed medical doctor on the staff of any hospital for my child/ legal ward or myself.

EFFECTIVE DATE: **FROM:** _____ **TO:** _____

Signature of parent/ guardian and/or adult participant:

_____ **Date:** _____

**** NOTE: If there is religious opposition to medical treatment or immunization, you must supply a written statement indicating the religious beliefs. This statement must be signed and dated.**

THIS FORM MUST BE IN THE POSSESSION OF THE SUPERVISING ADULT AT ALL CAMBRIA BASEBALL/ SOFTBALL/ TEE-BALL/ ACTIVITIES AND/OR SUMMER RECREATION PROGRAM ACTIVITIES IN CASE OF A MEDICAL EMERGENCY!!!