



# Howie's Field of Dreams

Bambino Buddy Ball, Inc.

Roger N. Allen Baseball (Cal Ripken Baseball)

-Application to participate in Roger N. Allen Baseball (ages 5-20)-



Player Name: \_\_\_\_\_ Player Diagnoses: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Player Current School: \_\_\_\_\_

Name of Players Sibling(s) in League: \_\_\_\_\_, \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Player Jersey Size (Circle one): YS YM YL AS AM AL AXL Jersey Number (Pick 3): \_\_\_\_\_

### Player (check all that apply):

- Uses a wheelchair
- Wears glasses
- Uses a walker
- Wears hearing aids
- Uses crutches
- Has seizures

### Please list any medication player takes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please list any allergies player has:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact(s)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Parent(s) Consent

My child (player name): \_\_\_\_\_ is insured by the following company: \_\_\_\_\_ and has my permission to participate in the Roger N. Allen Baseball program under the supervision of the assigned coaches. In giving this consent, I do so with full understanding that the Roger N. Allen Baseball League and its staff assumes no financial liability for any accident or injury to my child, which may occur as a result of his/her participation in the program. I agree to hold Roger N. Allen Baseball harmless against any and every obligation, liability, and responsibility for damage to persons or property occurring during any league play and/or special event. I understand that my child's likeness may be used for promotional/media purposes such as league website, fliers, advertisements, commercials, newspaper and TV news, etc. ....

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Release & Parent/Guardian Authorization

In case of an emergency, if family physician cannot be reached, I hereby authorize my child (player name): \_\_\_\_\_ (Date of birth): \_\_\_\_\_ to be treated by another qualified, licensed physician who is available.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## We need your help!!!



In which of the following area(s) suit you best?

Manager: \_\_\_\_\_ Coach: \_\_\_\_\_ League Officer: \_\_\_\_\_ Facilities: \_\_\_\_\_ Team Mom/Dad: \_\_\_\_\_