



Union County Baseball Association

www.ucba-nj.org

Player Registration Form

ALL PAYMENTS TO BE MADE ONLINE

Player Name	<input type="text"/>	Age	<input type="text"/>	
Address	<input type="text"/>	Date of Birth	<input type="text"/>	
Address	<input type="text"/>	Team Name	<input type="text"/>	
City/State/Zip	<input type="text"/>			<input type="text"/>
Phone	<input type="text"/>			<input type="text"/>
Email	<input type="text"/>			

NOTE: For ages 14-18. Players must have turned 14 on/before 9/13/25, and cannot have turned 19 before 11/1/25




Emergency Contact #1

Emergency Contact #2

Name	<input type="text"/>	Name	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Medical Information

Please list any physical limitations (allergies, hearing, sight, etc.)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

-  ***I/We, the parents/guardians of the above-named child for a position on a UCBA team, hereby give my/our approval to participate in any and all UCBA activities.***
-  ***I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the UCBA, UCBA Staff, the organizers, sponsors, supervisors, and participants, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.***
-  ***I/We will furnish a certified birth certificate of the above-named child to League Officials.***

X

Signature of Parent/Guardian

Date