

**Union County Baseball Association**

*www.ucba-nj.org*

**Player Registration Form**

*Checks made payable to: UCBA*

**Player Name**

**Address**

**Date of Birth**

**Email**

**Phone**

**Division MINOR MAJOR TEEN**

*(select one)*

 **Shirt Size Youth: S M L XL**

*(select one)* **Adult: S M L XL**

**Address**

**City/State/Zip**

**Emergency Contact #1**

**Name**

**Phone**

**Email**

**Emergency Contact #2**

**Name**

**Phone**

**Email**

**Age**

**Medical Information**

|  |  |
| --- | --- |
| **Please list any physical limitations (allergies, hearing, sight, etc.)** |  |
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|  |  |
| --- | --- |
| * ***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 candidate to League Officials.***
 |  |

**x**

**Signature of Parent/Guardian Date**

***DO NOT WRITE BELOW THIS LINE – LEAGUE USE ONLY***

***PAID* □ *TEAM ASSIGNED* □**

***BC* □**

*Summer Registration Form Rev. 2/19*

Rev. 10/18