

Diamond Baseball of Boulder, Inc. 2008 Player Registration Form

Any questions regarding this form or other business, Please call: Scott Partridge (303) 447-2329 , or Steve Disbrow (303) 587-1704	Personally deliver or mail completed form and check to*: Diamond Baseball of Boulder, Inc. c/o Maggie Sredojevic, Treasurer 3310 Cayman Place Boulder, CO 80301 *All forms & payment must be received before the first practice. 3% surcharge for credit card payments. Payment plans available.
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Player Information:

First Name: <input style="width: 90%;" type="text"/> Last Name: <input style="width: 90%;" type="text"/>	Street Address: <input style="width: 95%;" type="text"/> Street Address: <input style="width: 95%;" type="text"/> City, State Zip: <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
Home Phone: <input style="width: 95%;" type="text"/> Cell Phone: <input style="width: 95%;" type="text"/> Email address: <input style="width: 95%;" type="text"/>	Height, Weight: <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> Throws (Right/Left) <input style="width: 95%;" type="text"/> Fielding Position(s) <input style="width: 95%;" type="text"/>
Age/Date of Birth <input style="width: 15%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> Birth Cert. submitted (yes/no) <input style="width: 25%;" type="text"/>	School/ Current Grade: <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> Last Year's Team: <input style="width: 95%;" type="text"/>

Mother's Information

First Name:	<input style="width: 95%;" type="text"/>
Last Name:	<input style="width: 95%;" type="text"/>
Street Address:	<input style="width: 95%;" type="text"/>
Street Address:	<input style="width: 95%;" type="text"/>
City, State Zip:	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
Home Phone:	<input style="width: 95%;" type="text"/>
Work Phone:	<input style="width: 95%;" type="text"/>
Cell Phone:	<input style="width: 95%;" type="text"/>
Email address:	<input style="width: 95%;" type="text"/>

Father's Information

First Name:	<input style="width: 95%;" type="text"/>
Last Name:	<input style="width: 95%;" type="text"/>
Street Address:	<input style="width: 95%;" type="text"/>
Street Address:	<input style="width: 95%;" type="text"/>
City, State Zip:	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
Home Phone:	<input style="width: 95%;" type="text"/>
Work Phone:	<input style="width: 95%;" type="text"/>
Cell Phone:	<input style="width: 95%;" type="text"/>
Email address:	<input style="width: 95%;" type="text"/>

Emergency Contact

Name:	Relationship:	Phone #:
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Uniform Information:

Shirt Size (S, M, L, XL, XXL):	Pant Size (30, 32, 34, 36, 38):	Hat Size (7, 7-1/8, 7-1/4, 7-3/8, 7-1/2, 7-5/8):
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Medical Insurance Information:

Medical Insurance Provider:	Insurance Company Phone #:	Policy Holder:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Group Number:	Policy Number:	Participant's Doctor/Phone #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Volunteer Information:

All families are strongly encouraged to assist Diamond Baseball in raising funds to offset costs not met by player fees.
 I/we are willing to contribute in the following areas:

Concessions	Administration	Fund Raising	Opening Day Preparations	Other
Yes/No:	Yes/No:	Yes/No:	Yes/No:	Yes/No:

Fees and Registrations Costs:

	Total Fees	Amount Paid with Registration
Legion A	\$1400	\$500
Legion B	\$1050	\$500
Legion C	\$900	\$500

Players & Parents/Legal Guardians: Please complete all of the applicable preceding boxes. Please sign and return the Liability Waiver, Illegal Acts Policy, and Legion Registration Form along with this registration form.