

**STALLIONS BASEBALL REGISTRATION FORM**

PLEASE PRINT  
(FOR LOCAL LEAGUE USE ONLY)

\_\_\_\_\_  
League Name  
Male  
Female \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
Player's Name Date of Birth Age League

\_\_\_\_\_  
Street Address City State Zip

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Phone: (Home and/or cell #'s) E-mail address

I/We, or the parents of the above-named candidate for a position on a Antigo Baseball Association League team, hereby give my/our approval to participate in any and all Antigo Baseball Association League activities including transportation to and from the 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 indemnity and agree to hold harmless the local leagues, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting me and/or my/our child to and from activities for any claim arising out of any injury to me and/or my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to me and/or my/our child in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above-named candidate to league officials if deemed necessary.

Signature of Parent(s) or Legal Guardian \_\_\_\_\_ / \_\_\_\_\_ Name of family hospitalization plan: \_\_\_\_\_

Please indicate any physical limitations (allergies, hearing, vision, etc.) \_\_\_\_\_ School name \_\_\_\_\_

Additional information \_\_\_\_\_

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