



Howell Area Junior Baseball Association, Inc.
PO Box 241 – Howell, Michigan 48844
Junior Baseball/Softball/T-Ball
2008 Season Registration Form
(Please Print)

Player's Name _____ Date of Birth _____
 Address _____ City _____
 School District _____ Township _____
 Father's Name _____ Email Address _____
 Mother's Name _____ Email Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Parents: HAJBA is an all volunteer organization dependent on the help of parents. Please select an area in which you would be able to help out:

Manager (Head Coach) _____ Assistant Coach _____ Team Coordinator _____
 Field Maintenance _____ Concession Stand _____

Medical Information

Players' physician _____ Physicians' Phone _____
 Are there any known medical conditions or allergies that the Howell Area Junior Baseball Association, Inc., or the player's team manager should be aware of? Yes _____ No _____
 If yes, please explain _____

Insurance Information

Insurance Company _____ Policy Number _____

Agreement

As parent or legal guardian of this player, I understand that Baseball, Softball and T-ball are dangerous sports, and I approve of my child's participation and will not hold the Howell Area Junior Baseball Association, Incorporated, (HAJBA) or any of its representatives responsible in case of accident or injury. Furthermore, I hereby give permission for any and all medical attention necessary to be administered to my child in the event of any accident, injury, sickness, etc. under the direction of the HAJBA staff. This agreement and release is effective for the time during which my child is participating in the HAJBA program and any tournaments for the current season, including traveling to and from such activities. I also hereby assume the responsibility for payment of any such treatment. I agree that my child will not participate with any Baseball, Soft-ball, or T-ball team or program not recognized, or approved, by HAJBA, for the 2008 season, without prior written consent from the HAJBA Board of Directors. I certify that the information on this registration form that I provided is correct.

Parent/Legal Guardian Signature _____ Date _____

HAJBA USE ONLY

Division: Baseball _____ Softball _____ Birth Certificate: Yes _____ No _____
 League: T-Ball ___ Bantam ___ Midget ___ Minor ___ Major ___
 Total Due: \$ _____ Total Paid: \$ _____ Cash _____ Check # _____
 Credit Card Account number _____ Exp Date _____
 Authorization Number _____
 Receipt # _____ Date _____ Initials _____