



# Official 2010 Bobby Sox Softball Player Registration Form THE BAKERSFIELD BOBBY SOX LEAGUE



**This form is to be completed by the Player's Parent or Legal Guardian**

<b>MINI SOX (6U)</b> .....	Players Born *2003 - 2005	(Eligible if turns 7 on Jan 1 or after)
<b>BOBBY SOX (8U)</b> .....	Players Born *2001 - 2002	(Eligible if turns 9 on Jan 1 or after)
<b>BOBBY SOX (10U)</b> .....	Players Born *1999 - 2000	(Eligible if turns 11 on Jan 1 or after)
<b>BOBBY SOX (12U)</b> .....	Players Born *1997 - 1998	(Eligible if turns 13 on Jan 1 or after)
<b>AMERICAN GIRL (14U)</b> .....	Players Born *1995 - 1996	(Eligible if turns 15 Jan 1 or after)
<b>AMERICAN GIRL (16U)</b> .....	Players Born *1993 - 1994	(Eligible if turns 17 Jan 1 or after)
<b>AMERICAN GIRL (18U)</b> .....	Players Born *1991 - 1992	(Eligible if turns 19 Jan 1 or after)

\* Experienced player may play up a Division with parental consent and Board approval.  
\* A Player who plays up is required to play up for All Stars. \* A Player approved to play down is not eligible for post season play.

List below the two documents used for proof of residency

<b>1.</b> _____	<b>2.</b> _____
-----------------	-----------------

**PRIORITY - ORDER - PLACEMENT GROUPING - AGE DIVISION - TEAM #**

-	-	-	-	-	-	-	-
---	---	---	---	---	---	---	---

<b>MANAGER'S DAUGHTER</b>	<b>SISTER SAME DIVISION</b>	<b>TEAM BUDDY</b>	<b>COACH PARENT</b>	<b>PITCHER</b>	<b>CATCHER</b>	<b>ALLSTAR/SELECT</b>	<b>EXPERIENCED PLAYER</b>
<b>YES - NO</b>	<b>YES - NO</b>	<b>YES - NO</b>	<b>YES - NO</b>	<b>YES - NO</b>	<b>YES - NO</b>	<b>YES - NO</b>	<b>YES - NO</b>

**PRINT IN INK:** Today is: - Sun / M / T / W / Th / F / Sat - The current time is: \_\_\_\_\_ AM / PM Today's Date: \_\_\_\_\_  
**MUST BE COMPLETED AND SIGNED BY THE PLAYER'S PARENT.** CHILD LIVES WITH:  BOTH PARENTS  MOTHER  FATHER  GRANDPARENTS  GUARDIAN

PLAYER'S FIRST NAME	LAST NAME	- BIRTHDATE -	- SCHOOL -	- GRADE -	SIBLING'S FULL NAME	DIVISION
---------------------	-----------	---------------	------------	-----------	---------------------	----------

Mrs.  
 Mr. PARENT OR GUARDIAN'S FULL NAME ADDRESS - NUMBER - STREET - CITY - STATE - ZIP CODE  
 MS

( ) \_\_\_\_\_ MOTHER'S HOME PHONE ( ) \_\_\_\_\_ MOTHER'S CELL/WORK PHONE ( ) \_\_\_\_\_ FATHER'S HOME PHONE ( ) \_\_\_\_\_ FATHER'S CELL/WORK PHONE

E-MAIL: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_ FATHER'S OCCUPATION: \_\_\_\_\_

TEAM BUDDY'S NAME	- BIRTHDATE -	- SCHOOL -	- GRADE -	- ADDRESS -	- CITY -	- STATE/ ZIP	BUDDY'S HOME PHONE
-------------------	---------------	------------	-----------	-------------	----------	--------------	--------------------

(NEW OR INEXPERIENCED PLAYER OR NON-PITCHER/ NON-ALLSTAR /NON-SELECT PLAYER)

**Parent's Consent to Allow Participation in the Bobby Sox Softball Program and 'Authorization & Consent to Treat a Minor'**

My child \_\_\_\_\_, is hereby given my consent, to physically participate in activities of softball protected under the Bobby Sox Insurance Program and I assume all risks and hazards. I will provide my child with a glove, safety cleats or athletic shoes, safety sliding gear, and other softball equipment as needed. I realize that the \$15.00 registration is nonrefundable. One dollar goes towards the Bobby Sox Scholarship Program. Registered Bobby Sox Players, are provided with secondary accident/medical/liability insurance when their name appears on any Bobby Sox Team Insurance Form. I will pay the League established player participation fee which will help with my child's team's expenses. If my child participates on any tournament team, I realize that I will be responsible for my portion of the financial support of that team. While participating in softball, I will make certain that my child does not wear jewelry of any type. Before leaving my child at any activity I will make certain a female staff member from their team is present.

In an emergency, every effort will be made to contact me (us). I, the undersigned parent/guardian of the child, a minor, do hereby authorize/ consent to any x-ray, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical/emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my home state. Consent expires 12/31/2010. Any current physical condition preventing the child's immediate and full physical participation?  NO  YES.

List Below: All medications being taken by your child; all physical restrictions; allergies; asthma; hearing limitations; heart condition; physical impairment; prosthesis; and vision corrections. List all health information known about your child. If no medications are being taken and there are no physical restrictions, write **NONE**.

FAMILY PHYSICIAN'S FULL NAME	( ) _____ OFFICE PHONE NUMBER
MEDICAL INSURANCE CARRIER NAME. (If no insurance - write NONE)	YOUR POLICY NUMBER ( ) _____ CARRIER PHONE NUMBER

***In Case of Emergency, when I (we) cannot be reached, contact the following named adults, their relationship to my (our) child and their phone number.***

NAME/RELATIONSHIP: \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

<b>REG#</b> (To be completed by League Board)	Uniform Size: _____	Parent or Guardian's Signature _____
--	---------------------	--------------------------------------