



Official 2011 *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

MINI SOX (6U)	Players Born *2004 - 2006	(Eligible if turns 7 on Jan 1 or after)
BOBBY SOX (8U)	Players Born *2002 - 2003	(Eligible if turns 9 on Jan 1 or after)
BOBBY SOX (10U)	Players Born *2000 - 2001	(Eligible if turns 11 on Jan 1 or after)
BOBBY SOX (12U)	Players Born *1998 - 1999	(Eligible if turns 13 on Jan 1 or after)
AMERICAN GIRL (14U)	Players Born *1996 - 1997	(Eligible if turns 15 Jan 1 or after)
AMERICAN GIRL (16U)	Players Born *1994 - 1995	(Eligible if turns 17 Jan 1 or after)
AMERICAN GIRL (18U)	Players Born *1992 - 1993	(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

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

1. _____	2. _____						
MANAGER'S DAUGHTER	SISTER SAME DIVISION	TEAM BUDDY	COACH PARENT	PITCHER	CATCHER	ALLSTAR/SELECT	EXPERIENCED PLAYER
YES - NO	YES - NO	YES - NO	YES - NO	YES - NO	YES - NO	YES - NO	YES - NO

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 - _____

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 registration fee 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 12/31/11. 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 () _____

REG# _____

(To be completed by League Board)

Uniform Size: _____ **Parent or Guardian's Signature** _____