

**2016 HIGH SCHOOL WOOD BAT LEAGUE**

**2015 PLAYER REGISTRATION**

NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

**A PARENT OR LEGAL GUARDIAN MUST SIGN**

I, \_\_\_\_\_, as the parent or legal guardian of  
\_\_\_\_\_, do agree to allow my son to participate  
in the fall wood bat baseball league for the 2016 season.

I further agree, by signing this form, that I release and hold  
harmless the following entities and individuals, their heirs,  
and successors and/or assigns, from any responsibility and  
liability, consented and/or implied; for any bodily injury to my  
son while participating in the 2016 fall wood bat baseball  
league:

**U.S. Baseball, Springfield Area Baseball Association, volunteers,  
coaches, players, sponsors and league administrators.**

**Signature of parent or legal guardian:**

\_\_\_\_\_

Player fee of \$100.00 should be submitted with this form to U.S. Baseball.

**Checks should be payable to U.S. Baseball.**

Please contact Brad Beattie for additional information or check the web at:

[www.theusbbaseball.com](http://www.theusbbaseball.com)

or

[www.scorebook.com/sabamo](http://www.scorebook.com/sabamo)