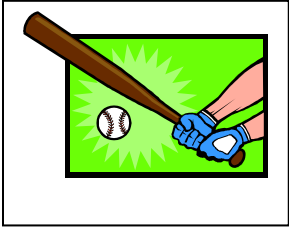


D.R.B.L.
Dundee Recreation Ball League
Registration Form



The Dundee Recreation Ball League (D.R.B.L) offering baseball from 4 year old T-Ball to 14 year old Travel Baseball and Softball will be holding registration on:

February 25, 2010

4:00 PM to 7:00 PM

March 3, 2010

4:00 PM to 7:00 PM

Location

Dundee Elementary School



Or you may mail this registration (printed on back) and payment to

DRBL

PO Box 141

Dundee, MI 48131

Please note that in order to make teams as equitable as possible, coaching requests will not be honored. Siblings will be placed on the same teams where appropriate, otherwise team selections will be conducted via draft format with coaches input.

DRBL Registration Form

www.dundeerecball.com

Athletes Name: _____

Date of Birth: _____

Athletes Address: _____

Phone Number: _____

Please list Parent/Guardian/Emergency Contacts

Name	Home Number	Cell Number	E-mail

Please mark which division you are signing up your child for:

- | | |
|---|--|
| <input type="checkbox"/> Boys Travel League (14U) May 1 | <input type="checkbox"/> Girls Travel League (14U) January 1 |
| <input type="checkbox"/> Boys Majors (12U) May 1 | <input type="checkbox"/> Girls Majors (12U) January 1 |
| <input type="checkbox"/> Boys Minor (10U) May 1 | <input type="checkbox"/> Girls Minor (10U) January 1 |
| <input type="checkbox"/> Boys Coach Pitch (8U) May 1 | <input type="checkbox"/> Girls Coach Pitch (8U) January 1 |
| <input type="checkbox"/> T-Ball Must be 4 years old by June 1 st | |

Player Shirt Size: Please Circle One YOUTH: S M L ADULT: S M L XL XXL
Visor Size (Girls Softball Only): Youth / Adult

Parent Shirts (\$10 each): ADULT: S (qty): _____ M (qty): _____ L (qty) _____ XL (qty) _____ XXL (qty) _____

As parent'(s) guardian'(s) of the above named applicant, a minor, in consideration of his/her participation in the Dundee Recreational Ball League. I/we acknowledge that participation in baseball or softball may result in serious injuries, and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we further acknowledge that Dundee Recreational Ball League maintains no accident insurance covering the participants in their ball leagues. I/we further agree to return, upon request, all uniform and equipment issued to my/our child that is property of the Dundee Recreational Ball League, in as good condition except for normal wear and tear. I/we also agree to abide by the rules and regulations set forth by D.R.B.L and its representatives. Also please be aware that participant's pictures may appear on the DRBL website.

Parent'(s) or Guardian Signature _____

I would be interested in: Coaching Assistant Coaching Umpiring Field Help
 Helping in the Concession Stand Contact Number _____

EMERGENCY MEDICAL AUTHORIZATION

In the event that reasonable attempts to contact me/us at _____ or _____
(phone #) (phone #)
have been unsuccessful, I/we hereby give my/our consent for the administration of any treatment
for: _____ deemed necessary.

(child's name)

Facts concerning the child's medical history including allergies, medications taken, and any physical impairment to which a physician should be alerted are: _____

COST: \$50.00 per child for T-Ball / Coach Pitch / Minors & Majors Leagues **
\$75.00 per child for all TRAVEL Leagues**
\$10.00 FAMILY DISCOUNT (2 or more children registered per family)**

Make Checks Payable To: DUNDEE RECREATION BALL LEAGUE (D.R.B.L)

**** Travel teams may have additional costs

LEAGUE USE ONLY

Amount Paid _____ Check # _____ League Official _____.