

**Neenah Baseball Athletics, Inc.**  
**2010 League Registration**  
(Ages 13, 14 and 15)

Please complete both sides of this registration form and mail, along with your check made out to NBAI, to  
**Neenah Baseball Athletics, P.O. Box 531, Neenah, WI 54957-0531**  
**Registrations received after February 15, 2010 will incur a \$20 late registration fee – and team placement cannot be guaranteed**

**Player Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Attended:** \_\_\_\_\_ **Player will be in grade** \_\_\_\_\_ **for the 2009/2010 school year.**

Parent/Guardian name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Player's Address: \_\_\_\_\_

Player's cell phone: (if any) \_\_\_\_\_ Parent/Guardian cell Phone: \_\_\_\_\_

Parent Guardian E-mail address: \_\_\_\_\_

Secondary Contact Name/Cell # and E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please mark below:

\_\_\_\_\_ **Pony League (age 13)**      **Player age on 4-30-10:** \_\_\_\_\_ (Usually 7<sup>th</sup> grade students)

\_\_\_\_\_ **Senior League (age 14)**      **Player age on 4-30-10:** \_\_\_\_\_ (Usually 8<sup>th</sup> grade students)

\_\_\_\_\_ **Senior League (age 15)**      **Player age on 4-30-10:** \_\_\_\_\_ (Usually 9<sup>th</sup> grade students)

**Player's Adult Shirt Size:**    S    M    L    XL

**NBAI supplies a league jersey and hat for each player. Parents are required to supply grey baseball pants, a black belt and black socks.**

Is this player interested in playing tournament baseball?    Yes    No

**Note: Additional fees will be required for all players chosen to play on a NBAI Tournament Team.**

Volunteer Opportunities	Mother	Father
NBAI Board of Directors		
League Commissioner		
Team Parent		
Tournament Director		
Tournament Worker		
Field Maintenance		
Fundraising Volunteer		

If you're interesting in coaching a team it is important that you fill out the attached coaching application and return the forms as quickly as possible.

League Manager / Head Coach \_\_\_\_\_

League Assistant Coach \_\_\_\_\_

Tournament Coach \_\_\_\_\_

As the parent/guardian of the player named above, I give my approval for his participation in any and all Neenah Baseball Athletics league and/or tournament activities. I will furnish a certified birth certificate of the above named player to league officials upon request. I understand the fundraising requirement or buyout option for participation in this year's season, and as a parent I understand that I am expected to volunteer my time to assist league efforts.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

League use only:	Amount Due:	Amount Paid:	Check #:	Received by:
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**Authority to Secure Medical Assistance/Medical & Personal Injury Waiver:**

We (I) the parents or legal guardian(s) of: \_\_\_\_\_, hereafter designated as "my child",  
(name of registered player)

acknowledges that Neenah Baseball Athletics, Inc. of Neenah, WI does not provide accident/medical insurance to cover participants in its athletics program and related activities. We (I) the undersigned have our (my) own accident/medical insurance and are (am) willing to take full financial responsibility for any and all injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Neenah Baseball Athletics, Inc. program.

**My accident/medical insurance carrier is:** \_\_\_\_\_ **Policy number:** \_\_\_\_\_

We (I) further knowingly and voluntarily waive any and all claims against, and forever release Neenah Baseball Athletics, Inc., Neenah, WI, its board members, officers, agents, team managers and coaches for any and all injuries *or consequences of injuries* sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Neenah Baseball Athletics, Inc. program. We (I) also knowingly and voluntarily waive any and all claims against, and forever release the Park Commission, and the Town of Menasha, Town of Neenah and the City of Neenah, its employees, officers and commissioners for any and all injuries or consequences of injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Neenah Baseball Athletics, Inc. program.

Our (my) signature below will allow a manager, coach or other agent of Neenah Baseball Athletics, Inc, Neenah WI to admit "my child" to a medical facility and/or seek the care of a physician if conditions warrant such action, and we (I) understand that charges for such medical treatment and/or related expenses will be my responsibility.

**Signed:**

_____	_____	_____
<b>Father or Legal Guardian</b>	<b>Please print name above</b>	<b>Date</b>
_____	_____	_____
<b>Mother or Legal Guardian</b>	<b>Please print name above</b>	<b>Date</b>

**2010 NBAI SEASON FEES**

<b>Registration Fee</b> (includes a \$50.00 refundable deposit toward the fundraising requirement)	\$175.00
<b>Late registration fee</b> (if postmarked after February 15, 2010) - note: team placement cannot be guaranteed	\$20.00
<b>Checks only please, made payable to NBAI</b>	<b>TOTAL FEE</b> \$ _____

**Coaches Application:**

Full Legal Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Last First Middle

Nicknames/Aliases/ (if any, i.e., Thomas - "Tom") \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Coaching/related experience: \_\_\_\_\_  
\_\_\_\_\_

References: (Please list 2 names and phone numbers)

_____	_____	_____	_____
<b>Name</b>	<b>Phone Number</b>	<b>Name</b>	<b>Phone Number</b>

Have you ever been convicted of a crime? Yes No

If yes, please explain: \_\_\_\_\_

**I certify the above information provided is accurate and true, and understand by submitting this application to coach a complete criminal background check will be made.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**