



PLEASE PRINT IN BLOCK LETTERS

APPLICANT'S FULL NAME:

ADDRESS:

GENDER:

DATE OF BIRTH

EMAIL ADDRESS:

BIRTH CERTIFICATE

PASSPORT

PARENT / GUARDIAN NAME:

CONTACT NUMBER:

EMERGENCY CONTACT NAME (other than above):

EMERGENCY CONTACT NUMBER (other than above):

TEAM NAME:

NAME OF COACH:

POSITION(S) PLAYED

YEARS PLAYED

BATS:

 L \_\_\_\_ R \_\_\_\_ S \_\_\_\_

THROWS:

 L \_\_\_\_ R \_\_\_\_

APPLICANT'S SIGNATURE

DATE:

PARENT/GUARDIAN SIGNATURE

DATE:

*Parental Consent and Baseball Ireland Disclaimer:*

My child named above has my permission to participate in all activities of his/her team, including transportation to and from the activities. I am enclosing a Birth Certificate as proof of my child's age eligibility to participate.

In the case of illness or injury to my child in my absence, I grant authority to Baseball Ireland volunteers to take initial steps to secure medical advice and services. I know that participation in baseball may result in serious injuries to players, and do hereby waive the liability of Baseball Ireland, the organisers, sponsors, supervisors, coaches, umpires, and participants from any claim arising out of injury to my child, beyond that covered by the club's insurance policy.

*The undersigned hereby grants consent as described above:*

In the space below, please advise of any medical conditions, limitations, and medications concerning your child of which Baseball Ireland needs to be aware:

PARENT/GUARDIAN'S SIGNATURE:

DATE:

COACH'S SIGNATURE:

DATE:

Confirmed C.O.B. (Y/N) \_\_\_\_\_

FOR OFFICE USE ONLY

Nat'l Team Member (Y/N) \_\_\_\_\_

Conference: \_\_\_\_\_

Tee Ball League \_\_\_\_\_

Little League \_\_\_\_\_

Cadet League \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_