



Player Name: \_\_\_\_\_

# CVAC BASEBALL AND SOFTBALL REGISTRATION FORM

Player Name: \_\_\_\_\_  
Last First Middle

Age: \_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: M F School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Parent / Guardian: \_\_\_\_\_  
Primary Spouse/Other

Phone: \_\_\_\_\_  
Home Cell Work Secondary Cell

E-mail: \_\_\_\_\_ Best Way/Number to Contact: \_\_\_\_\_

Alternate Parent Name / Contact Info: \_\_\_\_\_

Accident insurance for this player is provided by:

\_\_\_\_\_  
(Insurance Company) (Policy or Certificate Number) (Group No.)

**Shetland** **Pinto** **Mustang** **Bronco** **Pony** **Colt** **SOFTBALL U-8** **U-10** **U-12** **U-14**  
(5-6) (7-8) (9-10) (11-12) (13-14) (15-16)

Previous regular season CVAC League/Team: \_\_\_\_\_ Draft Re-entry/Block Coach or Team- If a specific manager, coach, or team is deemed not suitable by the parent /guardian, such information must be presented in writing to the board of directors before player assignment. Parents are responsible for getting their petition to the Commissioner of Baseball or the President of CVAC no later then 4:00 pm, February 4. If your child is petitioning to re-enter the draft, please check here\_\_\_\_\_. Reasons for re-entry in writing can be emailed to the Commissioner of Baseball at email [ranjonem@yahoo.com](mailto:ranjonem@yahoo.com). **Board approval of petitions to re-enter the draft or block a team or coach are not automatic.**

I, as the parent or guardian of (player's name) \_\_\_\_\_, do hereby give my approval for their participation in any and all Cascade Vista Athletic Club (CVAC) PONY BASEBALL or SOFTBALL league activities. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or where parent or legal guardian is not available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless CVAC, PONY BASEBALL/SOFTBALL, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player. I further agree to furnish a certified birth certificate for the player, upon request of league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities. I further understand that I will be held accountable for my behavior/actions while attending CVAC sanctioned activities, and that my child and/or I are subject to disciplinary action up to and including removal from CVAC, in accordance with the Code of Conduct we have both signed and submitted. I certify that the information contained in this registration is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian & Relationship) (Date)

To protect your privacy, this registration form shall remain on file until November, at which time it will be shredded and disposed of.  
Office use only

<b>Family Plan</b> First Child No discount Second Child \$10.00 credit Third Child \$20.00 credit Fourth Child \$ 5.00 credit Additional \$ 5.00 credit  Total Credit \$ _____	<b>Other Players Name(s)</b> _____ _____ _____ _____	<b>Fees Paid</b> Total Amount _____  Check Cash # _____  If more than one child, keep applications together, and indicate total amount paid on first child's application.	<b>Birth Cert.</b> _____ <b>[N/A for returning players]</b>  <b>Med. Release</b> _____  <b>Parent/Player Code of Conduct</b> _____
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