



Player Information

Name _____ Graduating Year _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Family Information

Father's Name _____ Mother's Name _____

Father's Phone _____ Mother's Phone _____

Father's Email _____ Mother's Email _____

Academic Information

High School _____

G.P.A. (last year) _____ G.P.A. (fall semester) _____

Release

I hereby authorize the staff of Douglas Patriot Baseball to act for me, according to their best judgement in any emergency situation requiring medical attention.

I hereby release from liability and hold Douglas Patriot Baseball harmless from any and all claims and cause of action that might be brought by me or my parents for loss of property, personal injury or death sustained by me arising from activity conducted by or under the control of Douglas Patriot Baseball.

Player Signature _____ Date _____

Signature of parent/guardian _____ Date _____

Registration & Payment Info

Registration Deadline: Payment (\$450) must be received by February 1st.

\$500 after February 1st.

\$100 non-refundable fee (part of \$450) due 1/15/2023

Make checks payable to: Douglas Patriot Baseball Club