

Youth Softball Program

-- Registration Form --

Please print clearly

Child's Name _____ Parent/Guardian _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Date of Birth _____ Grade in Sept. _____ Shirt Size: Child: S M L
Adult: S M L XL XXL

Please list name(s) and relationship of any other child that you would like on your child's team within same age/grade division. Other than a brother, sister or visitor, there is no guarantee that friends will be placed on same team.

Parent/Guardian Agreement: By my signature below, I certify that the above information is true and that my child and I agree to obey and support all First Fundamental Bible Church (FFBC) Youth Softball Program rules, decisions, regulations and standards and promise to attend all games on time to the best of our abilities. I also promise to encourage my child to have fun, try his/her best, respect others and participate in the spirit of good sportsmanship and godly conduct. I further agree to cooperate with all umpires, managers, coaches and Youth Softball Committee representatives.

Medical Authorization: By my signature below, should it be necessary for child listed above to have medical treatment while participating in the FFBC Youth Softball Program, I hereby give Youth Softball Committee representatives permission to provide or obtain medical services for said child, and if necessary, I give permission to the attending physician to render whatever medical treatment is deemed necessary and appropriate. I acknowledge that FFBC has insurance which functions as a secondary carrier, which means that any existing medical insurance or Medi-Cal coverage on said child must be used first. FFBC's insurance will then pay those costs not covered by said child's medical coverage.

In the event improper medical treatment is administered to said child by qualified medical personnel, I agree not to hold FFBC liable for any expenses or punitive damages resulting from any lawsuits or settlements.

Is child sensitive to any medication or have any allergies? YES NO If yes, list type _____

Medical Care Provider: _____ Phone: (_____) _____

Parent/Guardian Signature _____ Date _____

----- DO NOT WRITE BELOW THIS LINE -----

Division: _____ Manager: _____

PAYMENT HISTORY

Amt Paid	Date	Check No.	Rec'd By	Amt Paid	Date	Check No.	Rec'd By	Amt. Paid	Date	Check No.	Rec'd By

Original – FFBC Monterey Park

Yellow – Parent/Guardian