

# 2010 COLUMBUS BASEBALL ORGANIZATION REGISTRATION FORM

Make check payable to: Columbus Baseball Organization (CBO)

PO Box 442 Columbus, WI 53925

www.columbuswibaseball.com

PLAYER INFORMATION		
First Name	Last Name	
Address	City, State, Zip	
Home Phone (including Area Code)	Email	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate (mm/dd/yy)	Current Grade (2009-2010 School Year)

PARENT/GUARDIAN INFORMATION	
Guardian/Father	Guardian/Mother
If interested in helping coach circle    YES	If interested in helping coach circle    YES
Cell Phone (including Area Code)	Cell Phone (including Area Code)
Email	Email

EMERGENCY INFORMATION	
Contact	Phone
Hospital (if necessary)	Insurance

SHIRT SIZE	
Shirt Size (circle one)	Shirt Sizes: Youth Sm (6-8), Youth Med (10-12), Youth Lg (14-16), Youth XL (18-20) Adult Sm (34-36), Adult Med (38-40), Adult Lg (42-44), Adult XL (46-48)

LEAGUE/SHIRT INFORMATION (CBO Use Only)				
League	Current Grade/Age	Fee	Date	Paid Check #
T-Ball	Grade PreK-K / age 5-6	\$35.00		
Coach Pitch	Grade 1-2 / age 7-8	\$35.00		
American League	Grade 3-4 / age 9-10	\$60.00		
National League	Grade 5-6 / age 11-12	\$60.00		
Teener League	Grade 7-9 / age 13-15	\$65.00		
American Legion	Grade 10-12 / age 16-18	\$65.00		
	<b>Fundraiser Opt Out _____</b>	\$40.00		
<b>Total</b>		\$		
<b>Fundraiser Packet Received _____ Fundraiser Packet Returned _____</b>				

I/we, the parents/guardian, of the above-named player, hereby give my/our permission for the player to participate in the 2010 season of the Columbus Baseball Organization "CBO."

I/we do hereby state that I/we will not hold CBO, the league, coaches, sponsors, supervisors, City of Columbus or people transporting my child to and from baseball activities responsible for any accident or injury that may occur. I further state that I will financially be responsible for the return of and care of any equipment issued to my child.

Signature: \_\_\_\_\_

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