

# FARMINGTON AREA BASEBALL LEAGUE

## 2010 Season Registration

2

Leagues/Ages: T-ball (3-4); Shetland (5-6); Pinto (7-8); Mustang (9-10); Bronco (11-12); Pony (13-14); Colt (15-18)  
Fee per Player:     \$45             \$50             \$60             \$65             \$65             \$75             \$75

\*League determined by age of player as of April 30, 2010

\*\$25 discount for 3 or more players

### PLAYER 1 INFORMATION

League Requested: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

\*\*DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Played on all-star team during the 2009 season? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENTS' NAME(s) OR LEGAL GUARDIAN(s):

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

### PLAYER 2 INFORMATION

League Requested: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

\*\*DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Played on all-star team during the 2009 season? \_\_\_\_\_ Contact information same as above?: \_\_\_\_\_  
(if not, specify contact information on back of this form)

### PLAYER 3 INFORMATION

League Requested: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

\*\*DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Played on all-star team during the 2009 season? \_\_\_\_\_ Contact information same as above?: \_\_\_\_\_  
(if not, specify contact information on back of this form)

**[Continued on reverse]**

# PARENT PARTICIPATION

**This organization is run entirely by volunteers.** Let us know how you will help support Farmington baseball - you may check more than one. If you are signing up multiple players, please indicate for which child:

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

Score Keeper \_\_\_\_\_ Concessions \_\_\_\_\_ Commissioner \_\_\_\_\_

\*If a player chooses to play in a league outside of his specified age group ("playing up"), the parent or legal guardian must volunteer to be the coach or assistant coach.

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**T-BALL AND SHETLAND ONLY:** You may name up to 4 players to tie to (we will attempt to group neighborhoods together but this is not guaranteed) or if you have a group of 12 children who would like to play together, attach a separate sheet with their names and at least one of their parent's names as well as the name of the parent willing to coach the team:

\_\_\_\_\_

**PINTO, MUSTANG, BRONCO:** If you sign up to coach, you may list one player whose parent will be able to assist you. If the requested player is in either the Mustang or Bronco leagues, the player **MUST** go through tryouts and receive a ranking. Otherwise the request will **NOT** be accommodated:

Player Request: \_\_\_\_\_

**SIBLING REQUEST:** if you have siblings playing in the same league, do you want them on the same team?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

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# PARENTAL AUTHORIZATION

**Indemnifying Clause.** I, the parent or legal guardian of the above name Player in the Farmington Area Baseball League ("FABL"), hereby approve and authorize his/her participation in all FABL related activities during the current season. I hereby assume all risks and hazards arising out of or incidental to such participation. I hereby expressly release, discharge and indemnify FABL, its officers, volunteers, representatives, sponsors, supervisors, coaches, participants, umpires and persons providing transportation to and from activities, against any claim, damages, injuries, expenses, bodily injury or property damage arising out of or resulting from Player participation in any FABL related activity and/or being transported to or from the same, which transportation I hereby authorize.

**Consent for Medical Treatment (Minor).** As the parent or legal guardian of the above name Player, I hereby give consent to obtain emergency medical care from any licensed physician, hospital, medical clinic, paramedic or doctor of dentistry. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well being of the Player.

**Rule Compliance.** I agree that I and the Player will abide by the rules, regulations and bylaws established by FABL pertaining to participation in FABL's baseball program. If I am unfamiliar with the rules, regulations and bylaws, I understand that I can obtain a copy from an executive board member upon request. I will 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.

**Cancelled Check Policy:** I agree to reimburse FABL any bank charges associated with a check that fails to clear and is returned for any reason plus \$20. I understand registration will be considered complete when paid in full.

I do hereby agree to all terms listed above:

Parent Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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# PAYMENT

Make checks payable to "FABL" or Farmington Area Baseball League. Send both the completed registration form and payment to :

FABL  
1418 Bennett Circle  
Farmington, Utah 84025

You will receive an email confirmation when your registration is received.