

CAROLINAS METRO INC. PLAYER REGISTRATION

PLAYER'S AGE ON APRIL 30, 2014? = LEAGUE AGE FOR THE SPRING 2014 SEASON

T-BALL (4-6YR OLDS) \$95 MACHINE PITCH (7-8YR OLDS) \$125

MINORS (9-10YR OLDS) \$165 MAJORS (11-12YR OLDS) \$185

Please print legibly. Verification of age and address will be required.

FIRST NAME	LAST NAME	NICKNAME (if any)

Date of Birth ____/____/____ Age as of 4/30/14 ____ When last played ____

PLAYER'S ADDRESS (Street) (City) (State) (Zip)

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HOME PHONE	CELL PHONE	WORK PHONE	ADDITIONAL PHONE
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Email address(s)

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Mother / Father Name and Address (if different from above)

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PLAYER Shirt Size ____ Pant Size ____ Hat Size ____

Special Medical Needs (if any)

Registration FEE \$ ____ DATE PAID ____ CASH \$ ____ CHECK# ____

TREATMENT / LIABILITY RELEASE

I / We _____, the parent and / or guardian of _____, a MINOR child who resides with me / us, do hereby authorize members of the Carolinas Metro Inc. coaching staff or any other designated adult escorts, in the event said child is injured, to consent to any X-Ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care to be rendered to the MINOR under the general or specific supervision and on the advice of any physician, surgeon or dentist duly licensed to practice.

I / We further, as parents and / or guardians of the MINOR child give approval to participate in any and all Carolinas Metro Inc. activities, I / We assume all risks and hazards incidental to such participation, including transportation to and from activities. I / We do hereby waive, release, absolve, indemnify and agree to hold harmless Carolinas Metro Inc., the organizers, directors, officers, sponsors, supervisors, coaches, umpires participants and persons involved in the running, operating, and administering the activities of Carolinas Metro Inc., including, without limitation, the persons transporting my child to and from activities, from any claim arising out of an injury to my child, whether the result of negligence or for any other cause arising out of, relating to or in any manner connected with the activities of Carolinas Metro Inc. except to the extent and in the amount covered by accident or liability insurance

Our organization is 100% volunteer based. We need your help!

PLEASE CHECK AT LEAST ONE: COACH ASSIST TEAM PARENT PRE-GAME FIELD PREP

FIELD MAINTENANCE FACILITY REPAIR & IMPROVEMENT OTHER _____

Signature of Parent / Guardian & Date _____