

## CAROLINAS METRO INC. PLAYER REGISTRATION

PLAYER'S AGE ON APRIL 30,2015 = LEAGUE AGE FOR THE SPRING 2015 SEASON

MACHINE PITCH (7-8YR OLDS) \$130 MINORS (9-10YR OLDS)

\$170 MAJORS (11-12YR OLDS) \$190

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

FIRST NAME	LAST NAME	NICKNAME (if any)
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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
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Special Medical Needs (if any)

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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