

EBA Baseball Registration www.ephratabaseball.org

Player Information

Name:	Phone:					
DOB:	Sex (M or F) :					
Address:	City :					
State: PA	Zip Code: 17522					
Emergency contact name & number (Other than a parent):						
Insurance Carrier:	Group #:	Hospital Preference:				
Returning Player	Yes	or	No	If yes, please answer the following:		
Previous Spring Season Level Played:	T-ball	Coach Pitch	AA	10U	12U	14U
School:	Akron	Clay	Fulton	Highland	EIS	EMS EHS

Parents

Father/Guardian Name:	Mother/Guardian Name:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

Fees

Division	Fundraiser Opt Out \$35	Pants Y= \$20; A=\$26	Other	Total	Pants	Shirt	Hat
<input type="checkbox"/> T-Ball (4-6)	\$50	\$	\$	\$	YS	YS	Adult
<input type="checkbox"/> Coach Pitch A (6-8)	\$90	\$	\$	\$	YM	YM	Youth
<input type="checkbox"/> AA Non-travel (8-10)	\$130	\$	\$	\$	YL	YL	
<input type="checkbox"/> 10U Travel (8-10)	\$130	\$	\$	\$	YXL	YXL	
<input type="checkbox"/> 12U Travel (11-12)	\$130	\$	\$	\$	AS	AS	
<input type="checkbox"/> 14U(13-14)	\$130	\$	\$	\$	AM	AM	
Multi player Discount (-\$35 for each kid after 1)					AL	AL	
Total Payment:					AXL	AXL	

Refund Policy

If a refund is requested, we reserve the right to reduce the refund by any costs that we've incurred. Examples of those costs are registration fees, uniforms, league fees, etc. Submit your request via email to info@ephratabaseball.org with the player's name and reason.

Agreements

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

I give my permission for the above-named candidate to participate in baseball with Ephrata Baseball Association, Ephrata Area Little League, Ephrata Premier Baseball League, or Norlanco Premier Baseball Association. I understand that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless Ephrata Baseball Association, EBA Academy, Ephrata Area Little League, Ephrata Premier Baseball League, Norlanco Premier Baseball Association, Little League Baseball Inc., the organizers, sponsors, supervisors, participants, coaches, instructors, and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any cause, except to the extent and in the amount covered by accident or liability insurance.

I Agree _____

CONCUSSION RELEASE FORM

I acknowledge I have read the concussion release form and agree to abide by its contents:
[Concussion Release Form](#)

I Agree _____

Parents Signature _____

Date _____