

Parent/Guardian Details

First Name:*

Last Name:*

Phone:*

Cell Phone:

E-mail is the primary method of communication the Ephrata Baseball Association program will use to notify you of news and events. Please be sure to enter a correct e-mail address that you check at least once a week so you are always up-to-date with the latest baseball news.

Email Address:*

Confirm Email Address:*

If you have any additional e-mail addresses where you would like to receive updates, please enter them here.

Email Address (Second):

Email Address (Third):

Participant Details

PLAYER INFORMATION

First Name:*

Last Name:*

Birth Date:*

Gender:*

League Age Restrictions:

The eligible league for registration is based on the registrant's age as of April 30, 2017. For additional information about EBA's age group definitions, please [click here](#).

League:*

Grade for School
Year 2016-2017:*

Which School
Year 2016-2017:*

UNIFORM INFORMATION

For additional information about EBA's uniforms, please [click here](#).

T-shirt Size: *

Pants Size: *

Hat Size: *

ADDITIONAL INFORMATION

Did your child play in the EBA for the Spring 2016 season?

Returning Player?: *

Special Requests

Comments:

FUNDRAISING INFORMATION

The EBA is offering the ability to Opt Out of the fundraiser. The cost is \$30.00 to Opt Out and it may be added to your registration.

Opt Out: *

MEDICAL INFORMATION

Name of Family Physician: *

Physician Phone Number: *

Hospital Preference: *

Please list any allergies/medical problems including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure, Disorder).

Medical Comments:

Insurance Carrier: *

Policy Number: *

Family Details

The address below **MUST** be in the Ephrata school district.

Address 1:*

Address 2:

City:*

State:*

Zip Code:*

Emergency Contact Information

In case of emergency, please notify (if minor/child participant, provide parent's information or Guardian, as appropriate).

Emergency Contact:*

Phone Number:*

Relationship:*

Donations

Please consider an additional donation to the Ephrata Baseball Association. Any additional contributions are used for scholarships, equipment, uniforms, facility maintenance, or any additional expenses incurred by the program. We thank you for your support.

Please note, any contribution will be associated with the first child's registration (if more than one child is registered).

Donation Amount:

Sponsorship

Would you like to be a sponsor of the EBA or a team? Choose YES and we will contact you.

Yes/No:*

Non-Residential Parental Contact (If Applicable)

First Name:

Last Name:

Home Phone:

Cell Phone:

Email Address:

Address 1:

Address 2:

City:

State:

Zip Code:

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:*

Payment Information



Payment Information

Amount Paying Now:*

\$

Total Amount Due:*

\$

Payment Type:*

Visa

First Name on Card:*

Last Name on Card:*

Card Number:*

Card Expiration:*

 /

CVV Code:*

Mark this as Paid?:*

Payment Identifier:

Billing Address

Address 1:*

Address 2:

City:*

State:*

Zip Code:*

Registration Policy

Please acknowledge the agreements below before finalizing your registration.

- I agree to allow Stone Alley to share my submitted details with this program.*
- By clicking Register below, I acknowledge the Stone Alley [Terms of Service](#) and [Privacy Policy](#), as well as the terms below.*

Ephrata Baseball Association - Youth Baseball

Refund Policy

Refunds will be granted on a case by case basis. Any fees incurred by the EBA will be deducted from the refund. These fees can include, but are not limited to, uniform, registration fees, league participation fees, etc. All refund requests should be submitted in writing to info@ephatabaseball.org and are subject to Board approval.

Upon approval of request, a refund check will be mailed within 4 weeks. If your request is denied, you will receive notification via email.

After you complete, mail form and payment made out to:

EBA

Registration Coordinator

PO Box 663

Ephrata, PA 17522