

BERKLEY DADS' CLUB

2010 REGISTRATION FORM

Mail to: Berkley Dads' Club
 PO Box 721036, Berkley, Mi. 48072
OR Bring to Registration Days at the Berkley Community Center

Senior League	<input type="checkbox"/>
Junior League	<input type="checkbox"/>
Major League	<input type="checkbox"/>
Minor League	<input type="checkbox"/>
T-Ball	<input type="checkbox"/>

PLAYER NAME _____ BIRTHDATE _____ AGE _____ (on Dec.1, 2010)
 2009 DADS' CLUB SUMMER LEAGUE & TEAM (if any) _____ SCHOOL: _____

***BIRTH CERTIFICATE REQUIRED FOR ALL PLAYERS NEW TO THR BERKLEY DADS' CLUB** (photocopies are accepted)

Single Player Application Sibling Discount Application

PLAYER LIVES WITH (Circle One) Father / Mother / Both / Guardian

FATHER		MOTHER	
Name		Name	
Street Address		Street Address	
City		City	
State	Zip	State	Zip
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell phone/Pager		Cell phone/Pager	
Email Address		Email Address	
Vacation Dates:		Vacation Dates:	

VOLUNTEER SIGN UP-We need your help!!!!

Mother/Father/Both

(A) Manager***	
(B) Assistant Coach***	
(C) Team Parent	
(D) Umpire	
(G) Fund Raising	
(H) Field Maintenance	
(I) Board of Directors	
(K) Other	

Participation in Dads' Club baseball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? YES / NO
 If "YES", please explain:

I/We, the parents and/or guardian of the above named candidate for a position on a Berkley Dads' Club team, hereby give my/our approval to participate in any/all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Berkley Dads' Club, the chartering organization, the organizers, sponsors, participants, and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials.

Signature: _____ Date: _____
 Parent or Guardian

Contract Fee	\$70.00 \$ _____
Contract Fee (Non Resident)	\$80.00 \$ _____
Sibling Discount	\$35.00 \$ _____
Sibling Discount (Non Resident)	\$40.00 \$ _____
Fund-raiser Fee (Mandatory)	\$50.00 \$ 50.00
Late Fee (after March 1, 2010)	\$25.00 \$ _____
Check / Money Order No.	_____

T-BALL ONLY	
Contract Fee	\$60.00 \$ _____
Contract Fee (Non Resident)	\$70.00 \$ _____
Sibling Discount	\$30.00 \$ _____
Sibling Discount (Non Resident)	\$35.00 \$ _____
Fund-raiser Fee (Mandatory)	\$50.00 \$ 50.00
Late Fee (after March 1, 2010)	\$25.00 \$ _____
Check / Money Order No.	_____

FOR LEAGUE USE ONLY	[Birth Certificate verified by: _____]
NOTES: _____	