



**CHESTERFIELD BASEBALL CLUBS, INC.  
2017 REGISTRATION**

*Affix CBC Label Here*

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Player's Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
Parent/Guardian's Cellphone Number

\_\_\_\_\_  
Last Year's Association & Team

\_\_\_\_\_  
Parent/Guardian's Email Address

I, the parent or guardian of the above named candidate, do hereby give my approval to his/her participation in any and all of the activities of the Chesterfield Baseball Clubs, Inc. during the current season. In case of injury to my child, I do hereby release, absolve, indemnify, and hold harmless the Chesterfield Baseball Clubs, Inc. (sponsors of the league), team sponsors, supervisors, managers, and assistant managers and/or all of them and waive all claims against any or all of them. The above waiver of damages does not apply to the benefits under the insurance policy.

Each child will be covered by a supplementary group accident insurance policy both during practice and the playing season. Should the above named candidate become a member of the official roster of a team in the Chesterfield Baseball Clubs, Inc. league, I do hereby agree to pay the association/league the cost of participation.

I will furnish, upon request by League Officials, a copy of the birth certificate of the above named candidate.

I agree to return, upon request, the uniform and other equipment issued by the association or league to our child in the same condition as when received, except for normal wear and tear.

<p>ELEMENTARY SCHOOL _____ LEAGUE AGE _____ BOUNDARY _____ (Age as of April 30, 2017)</p> <p>Is this candidate on a roster for any other team (AAU, USSSA, High School, Little League, or any other league)?    ___ Yes    ___ No    If Yes, Team _____</p>
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**THIS FORM MUST BE SIGNED BY ONE PARENT OR GUARDIAN**

IS THIS CANDIDATE COVERED BY HEALTH INSURANCE? YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE