

Registration Form
Pioneer Valley Over-30 Baseball

2008 Registration Informaton

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

MOBILE PHONE: _____

E-MAIL: _____

AGE: _____ **DATE OF BIRTH:** _____ / _____ / _____

AGE VERIFIED BY:

JERSEY SIZE : S M L XL XXL

TEAM: _____ **UNIFORM#:** _____

PLEASE READ AND SIGN THE CONSENT AGREEMENT AND INJURY
WAIVER ON THE ATTACHED PAGE.

*LEAGUE FEE TO BE DETERMINED BY TEAM MAKE-UP (I.E. NUMBER OF
PLAYERS) PLEASE SUBMIT FEE TO TEAM MANAGER.*

DEADLINE : APRIL 10TH 2008

CONSENT AGREEMENT AND INJURY WAIVER

Please consult with a physician before playing competitive baseball in PVOTB.

As a member of the Pioneer Valley Over-Thirty Baseball (PVOTB) League, I agree to conduct myself in a manner that will reflect favorably upon my teammates, fellow competitors and spectators. I agree to not use abusive language or harass my fellow players and/or umpires or throw bats or helmets. I understand that if I do, I will be ejected from the game, and depending on how egregious the incident was, may be suspended from the League. Lying about my age will result in an indefinite ban. I understand failure to conduct myself properly may result in my suspension and/or expulsion without reimbursement of any fees I have paid. Fees paid to the League are not refundable once the season starts. I understand that I could get injured playing baseball in this League. I don't hold PVOTB, it's members, officers, and Board of Directors, sponsors, or field owners responsible for any injury I may sustain in the course of traveling to and from, playing baseball or in any PVOTB activity.

I agree, under the penalty of long-term suspension, that my birth date and age are correctly listed on the application form. Please submit a photocopy of your license or an acceptable form of proof of age with this form.

DATE: _____

SIGNATURE: _____