

MEHAMA BALL PARK BASEBALL/SOFTBALL
Registration Dates
REGISTRATION 2021

Register online at www.mehamaballpark.org
At this time, all practices and games will be at Mehama
And Lyons Locations

Player Name: _____
 Girl Boy **Birthdate:** _____
Age: _____ (as of April 1st) **Grade:** _____
School _____

SHIRT SIZE: Choose the size youth or adult that would best fit your player:
YOUTH SIZE ()Small ()Med ()Large ()X-Large
ADULT SIZE ()Small ()Med ()Large ()X-Large ()2XL

Parent/Guardian Name: _____
Relationship to Player _____
Parent/Guardian Name: _____
Relationship to Player _____
Cell Phone #1 : _____ **Cell Phone #2:** _____
Other Phone _____
Email address: _____

Physical Address: _____
Mailing Address: _____

PLAYER MEDICAL INFORMATION Physical limitations/allergies/chronic illness/medication: Please describe: _____

EMERGENCY CONTACT: Contact information other than parent/guardian in case of emergency:
#1 Name _____ Phone number _____
#2 Name _____ Phone number _____

VOLUNTEER INTERESTS: Mehama Ball Park is a non-profit and relies on volunteers to make the program possible. If you are interested in volunteering, please check one: ()Coaching ()Assistant Coaching ()Board officer ()Fundraising ()Umpire ()Field improvements

Would you or someone you know be interested in purchasing banner advertising space on the Ball Park outfield fence?

Business _____ **PhoneNumber** _____

I give permission for my child, named above, to participate in Mehama Ball Park youth activities. I understand that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players. I hereby waive, release and agree to hold harmless the Mehama Ball Park organization, its officers, board members, representatives, sponsors, coaches, and persons transporting my child to and from activities, from any claims arising out of any injury to my child whether the result of negligence or for any other cause. I also give permission for my child, named above, to be given emergency first-aid treatment by a MBP representative or coach. In the event that I cannot be contacted, I authorize and consent for my child to be transported by ambulance to the nearest medical facility and consent to any medical, surgical, hospital care, treatment and procedures to be performed for my child by a licensed physician when deemed necessary or advisable by the physician or emergency medical personnel to safeguard my child's health.

Parent/Guardian
Signature _____ **Date** _____
Printed Parent/Guardian Name _____

For questions call
Gary Edington
(503)569-4014
Jennifer Edington
(503)990-5222

For official use only:
Date paid _____ Amount paid _____ cash () check# _____
Payment Plan _____ Scholarship amount _____

- Please check one
- ()T-ball Pre-K & Kinder.
 - ()1st/2nd grade Coach Pitch
 - ()3rd/4th grade Baseball
 - ()3rd/4th grade Softball
 - ()5th/6th grade Baseball
 - ()5th/6th grade Softball
 - ()7th/8th grade Baseball
 - ()7th/8th grade Softball

Completed forms can be
dropped off at Mari-Linn
School

SIGN UPS AT MARI LINN
March 6, 2021
9AM-1PM

FEES
PreK-2nd grade....\$50
3rd-4th grade.....\$60
5th-8th grade.....\$75