

# FCBC Winter Indoor League Player Registration

Use this form to register your player in our **Youth Indoor Baseball League** played at The Edge Sports Center. **Please print this form and email, mail, or fax with payment to FCBC. [office@fcbcmail.org](mailto:office@fcbcmail.org) / PO Box 1031, Fort Collins, CO 80522 / fax: 970-484-6231 *Registration Deadline is 5:00pm on October 23***

Player - Last Name	First Name	Birth Date _____/_____/_____
Mailing Address	Zip Code	City _____ State _____
Home Phone	Email Address <b>(Required for communication)</b>	Email 2 Optional
<b>School Preference 1</b>	<b>School Preference 2</b>	<b>OFFICE Use Only</b> <b>Date Received</b>
<b>Players are assigned by school and by geographic quadrants bisected by College and Drake.</b>		
Mother's Name	Father's Name	
Cell #	Cell #	
Current Grade	If willing to Coach, please list which parent will coach	

<u><b>Divisions – Current Grade</b></u>	<u><b>Fees</b></u>	<u><b>Mark "X" for Division</b></u>
Kindergarten	\$100	[   ]
1 <sup>st</sup> Grade	\$115	[   ]
2 <sup>nd</sup> Grade	\$115	[   ]
3 <sup>rd</sup> & 4 <sup>th</sup> Grade	\$135	[   ]
5 <sup>th</sup> & 6 <sup>th</sup> Grade	\$135	[   ]
7 <sup>th</sup> & 8 <sup>th</sup> Grade	\$140	[   ]

**Payment Option:**

Check Amount / # \_\_\_\_\_ Credit Card: Visa/MC/AE \_\_\_\_\_

Exp Date \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Signature \_\_\_\_\_

**(\$5.00 processing fee on all credit card transactions)**

**CONSENT FOR EMERGENCY MEDICAL CARE AND RELEASE/ASSUMPTION OF RISK WAIVER; and STANDARDS OF CONDUCT AGREEMENT**

As a parent/legal guardian of the listed player, I hereby give consent for emergency medical care or action deemed necessary by anyone present in order to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the life or well-being of this player. I hereby release and discharge, indemnify and hold harmless FCBC and its, members, officers, agents, employees and any other persons or entities acting on their behalf against all claims, demands and causes of action relating to injury, disability, death or other harm, to person property or both, arising from participation in the FCBC program. I have been informed of and am aware of and assume all risks and dangers incidental to and inherent in the game of baseball including specifically, but not exclusively, the danger of being injured by baseball bats, hits or thrown balls and waive all claims against FCBC and the aforementioned entities and individuals.

- I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evacuation expense or rescue expenses sustained through my child's participation in the FCBC Program.
- I understand and agree the FCBC may require proof of age from any player.
- I agree to provide such proof, and, if such proof is insufficient, that FCBC may obtain such information through the Office of Vital Statistics Records. Anyone found knowingly giving false information to FCBC is subject to disciplinary policy, which could include immediate dismissal and revocation of a member in good standing status. All parties to the registration process agree to abide by and uphold the rules and regulations of FCBC and the Edge Sports Center.
- Objectionable conduct or behavior, including profane and/or abusive language by players or parents will not be tolerated, and may prelude players' or parents' participation in FCBC sponsor events.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_