



Kennesaw Baseball Association Registration Form

PLAYER FULL NAME: _____

BIRTHDATE: _____ LEAGUE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE: Home: _____ Cell: _____

Work: _____ Cell: _____

EMAIL ADDRESSES: _____

Did your child play at Adam's Park last year? Yes / No If no, then where? _____

Who was your child's last coach and what team did he/she play for? _____

Are you interested in becoming a KBA Sponsor? Yes / No

Are you interested in being a **Coach** **Assistant Coach** **Team Mom** **Team Dad?** (*Circle One*)

RELEASE OF LIABILITY STATEMENT: I, _____, permit my child to participate in all phases of the elected activity during the current season of the KBA program. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless KBA, sponsors, supervisors, participants, and persons transporting my child for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident or liability insurance. I hereby grant permission to the adult manager, coach, and/or business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone.

*****NO REFUNDS WILL BE ISSUED ONCE A PLAYER IS DRAFTED ON A TEAM UNLESS A REPLACEMENT PLAYER IS AVAILABLE*****

SIGNATURE: _____ DATE: _____

Are you a Kennesaw City Resident? Yes / No (*Note: You are a City Resident if you pay Property Taxes to the City of Kennesaw*). If you are not a City Resident, please add \$35 Non-Resident Fee.

Registration Fee Paid: \$ _____

Non-Resident Fee: \$ _____

Total Fees Paid: \$ _____ Check # _____

****** INFORMATION BELOW FOR KENNESAW BASEBALL USE ONLY - DO NOT COMPLETE ******

LEAGUE DIRECTOR SIGNATURE: _____

VP/FINANCE SIGNATURE: _____

DATE LOADED TO DEMOSPHERE: _____ BY: _____