



**St. Barnabas Baseball League**  
**Registration Form**  
Spring Ball 2019



**PLAYERS INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Player jersey size: \_\_\_\_\_ Right Handed/Left Handed: \_\_\_\_\_

**PARENTAL INFORMATION**

Parent 1: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Include information on team roster? \_\_\_\_\_  
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Parent 2: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Include information on team roster? \_\_\_\_\_

**MEDICAL INFORMATION**

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Please state below:

\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER INFORMATION**

I would be willing to do the following: Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_  
Are you virtus trained: \_\_\_\_\_ Would you be willing to receive training: \_\_\_\_\_  
Are your fingerprints on file with the Archdiocese? \_\_\_\_\_

## EMERGENCY AUTHORIZATION

We, the undersigning parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff under the provisions of the Medical Practices Act or dentist licensed under the Dental Practices Act and on the staff of any general hospital holding a current license to operate at hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgement, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERNAL USE ONLY:

Team Placement: \_\_\_\_\_ Jersey Number: \_\_\_\_\_

Position(s): \_\_\_\_\_

Forms Received: RF: \_\_\_\_\_ WR: \_\_\_\_\_ PMT: \_\_\_\_\_ COC: \_\_\_\_\_

Misc Info: \_\_\_\_\_

## PAYMENT INFORMATION

Check Number/Cash: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Please return all forms to:  
St Barnabas Baseball  
3955 Orange Ave.  
Long Beach, CA 90807



Any questions? Please contact:  
[SBB BravesBaseball@gmail.com](mailto:SBB BravesBaseball@gmail.com)  
Joe Fletes (562) 409-4696  
Ceci Fletes (562) 417-4762