



St. Barnabas Baseball League
Registration Form
 Spring Ball 2020



PLAYERS INFORMATION

Last Name: _____ First Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Birth Date: _____ School : _____ Grade: _____

PARENTAL INFORMATION

Parent 1: _____
 Primary Phone: _____ Alt Phone: _____
 Email: _____
 Include information on team roster? _____

 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: _____

Right-Handed/Left-handed batter: _____ Left/Right Fielding: _____

Experienced Position: _____ Position Preference: _____

Forms Received: RF: _____ PCC: _____ MRF: _____ CBLW: _____ PMT: _____

Check Number/Cash: _____ Amount Paid: _____

Returning?: _____ Jersey Size: _____ Hat Size: Youth _____ Adult _____

Misc Info: _____

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



Any questions? Please contact:
SBB Braves Baseball@gmail.com
Joe Fletes (562) 409-4696
Ceci Fletes (562) 417-4762