

Rutherford County Fall Baseball League
2010 Fall Player Application

Player Info:

First Name: _____ Last Name: _____
High School you attend: _____ Grade: _____
(Circle One) J.V. or Varsity Shirt Size: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Primary Position: _____ Secondary Position: _____

Emergency Contact Information:

Name: _____ Relation to Player: _____
Home Phone: _____ Cell Phone: _____

Parent or Legal Guardian Information:

Father or Legal Guardian's First Name: _____ Last Name: _____
Home Address: (If different from player above)

City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Relation to Player: _____ Email: _____

Mother or Legal Guardian's First Name: _____ Last Name: _____
Home Address: (If different from player above)

City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Relation to Player: _____ Email: _____

Release Agreement: In signing below, I release Rutherford County Fall Baseball, coaches, employees, and officials from any liabilities for injury or harm that may occur during participation in this program. I realize that there are certain unavoidable risks in developing such mental, emotional, and physical skills. I also understand that this is my decision and my child has the right not to participate. I release the owners and/or occupants of the practice and game sites, i.e., the City of Murfreesboro, Parks and Recreation Department, Murfreesboro City Schools, Rutherford County Schools, and any individuals who have volunteered such space. I, the undersigned, do hereby grant my permission for my child to participate in the Rutherford County Fall Baseball program. I acknowledge that I will be financially responsible for any medical expenses if an injury does occur.

Parent Name (print): _____ Signature: _____ Date: _____

Office Use Only	
Fee Paid	Check No: _____ Paid Cash: _____
Team Assigned: _____	