



# EDDIE'S CLUB YOUNG ADULT BASEBALL PLAYER REGISTRATION APPLICATION

## FAMILY INFORMATION

Family Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Family E Mail Addresses: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
(For use if parents cannot be contacted so person should be local)

## PLAYER'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_  
Player's Disability: \_\_\_\_\_  
Special Needs (walker, wheelchair, signer, restroom assistance): \_\_\_\_\_  
Personality Strengths: \_\_\_\_\_  
Conversation Starters (siblings, friends, pets, interests, etc): \_\_\_\_\_  
\_\_\_\_\_  
Behavioral Concerns (and the best way to handle): \_\_\_\_\_  
Special Requests: \_\_\_\_\_

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## MEDICAL RELEASE

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Medications: \_\_\_\_\_  
Medical conditions to be aware of (diabetic, seizures, asthma, vomiting, etc.): \_\_\_\_\_  
Warning OR Indicators of medical of emotional concerns: \_\_\_\_\_

\_\_\_\_\_  
Authorized Parent/Guardian Signature

\_\_\_\_\_  
Date

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## RELEASE OF LIABILITY

I/We know that participation in Eddie's Club Young Adult Baseball may result in injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Eddie's Club, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, from any claim arising out of injury to my/our child whether the result of negligence or for any other cause. As a parent/guardian of the player, I am agreeing to the above provisions on my behalf and on the behalf of the player named on this application.

\_\_\_\_\_  
Authorized Parent/Guardian Signature

\_\_\_\_\_  
Date

**The registration fee is \$50.00 per family but financial assistance is available.**

**Please waive the \$50.00 registration fee** \_\_\_\_\_ (check here)

Call Eddie at 703-304-2330 or [EGarret166@aol.com](mailto:EGarret166@aol.com) if you have questions

**Mail completed form with check payable to Eddie's Club to:  
Eddie's Club Young Adult Baseball, c/o Patti Alf, 8810 Dianne Place, Springfield, VA 22152**