



# COACH'S – 2015 Season Registration Form

## *Des Moines Diamondbacks High School Spring Baseball League*

(PLEASE PRINT LEGIBLY)

Team Name: \_\_\_\_\_

E-mail Address 1: \_\_\_\_\_

E-mail Address 2: \_\_\_\_\_

Coach's First Name: \_\_\_\_\_ \*Team Manager? Y - N

Coach's Middle Name: \_\_\_\_\_

Coach's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_

Do you have health and accident insurance? Y N

Have you ever been convicted of any sex offense? Y N

Have you ever been convicted of a felony? Y N

### ***REGISTRATION AND RELEASE AGREEMENT***

To the best of my knowledge I confirm the information listed above is accurate. I also hereby give my permission to the Diamondbacks High School Spring Baseball League to provide medical attention to myself in the event of injury or illness. I hereby release the Diamondbacks High School Spring Baseball League and all its personnel from all claims (present or future) from any injuries which may be sustained by me while attending the Diamondbacks High School Spring Baseball League.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***\* ONLY ONE TEAM MANAGER PER TEAM. Team refunds will be mailed to the Team Manager. The Team Manager will also be the primary contact for any league related issues and or questions.***