



PLAYER – 2015 Season Registration Form

Des Moines Diamondbacks High School Spring Baseball League

(PRINT LEGIBLY)

League Team Name: _____

E-mail Address: _____

Player’s First Name: _____

Player’s Middle Name: _____

Player’s Last Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Birth Date: ____/____/____ Do you have health and accident insurance? Y N

School: _____ Coach: _____

Primary Position: _____ Secondary Position(s): _____

Height: _____ Weight: _____ Bat: R L Throw: R L

Grade: _____ GPA: _____ ACT/SAT: _____ Class Rank: _____
(Optional) (Optional) (Optional)

Medical conditions: _____

PARENTS RELEASE AGREEMENT

We (I) hereby give our (my) permission to the Diamondbacks High School Spring Baseball

League to provide medical attention to our (my) son _____ in the event of injury or illness. We (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 our (my) son while attending the Diamondbacks High School Spring Baseball League.

Parent signature: _____ Date: ____/____/____

Player signature: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____