

West Akron Baseball & Softball League (WABL)

2009 Registration Form – WWW.WABL.ORG

Player Name: _____ Phone: _____ Birthdate: _____
 Address: _____ City: _____ Zip Code: _____
 Gender: Male Female Height: _____ Weight: _____ Last Years League: _____
 E-Mail Address: _____ Last Years Team: _____
 Father/Guardian: _____ Home Phone: _____ Work/Cell Phone: _____
 Mother/Guardian: _____ Home Phone: _____ Work/Cell Phone: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 School Name: _____ Grade: _____ Age: _____
 Would you or someone you know: Manage Asst. Coach Umpire Sponsor Join WABL Board

Division Preference	Age		Shirt Size	Pant/Short Size	Hat Size
	Min	Max			
<input type="checkbox"/> Instructional League	6	8	<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Youth Small (21-22)	Youth: S/M <input type="checkbox"/>
<input type="checkbox"/> Boys H League	9	10	<input type="checkbox"/> Youth Large (14-16)	<input type="checkbox"/> Youth Medium (23-24)	Adult: M/L <input type="checkbox"/>
<input type="checkbox"/> Boys G League	11	12	<input type="checkbox"/> Adult Small (34-36)	<input type="checkbox"/> Youth Large (25-26)	Sock Size
<input type="checkbox"/> Boys F League	13	14	<input type="checkbox"/> Adult Medium (38-40)	<input type="checkbox"/> Youth X-Large (27-28)	
<input type="checkbox"/> Girls American League	9	10	<input type="checkbox"/> Adult Large (42-44)	<input type="checkbox"/> Adult Small (28-30)	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Girls National League	11	12	<input type="checkbox"/> Adult X-Large (46-48)	<input type="checkbox"/> Adult Medium (32-34)	
<input type="checkbox"/> Girls Junior League	13	14	<input type="checkbox"/> Adult XX-Large (50)	<input type="checkbox"/> Adult Large (36-38)	
			<input type="checkbox"/> Adult X-Large (40-42)		

****Leagues based on player age as of July 31, 2009****

NOTE: Only FIRST year players in a NEW LEAGUE qualify for new pants.

FEES (Make checks payable to WABL)
1 child: \$95 2 children: \$190 3 children*: \$265 *After the second child, registration is \$75 for each additional child <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F League Fees: \$150 per child </div>
<i>ALL new players must provide a birth certificate!</i>
Return this form with check, before deadline date of Feb. 7 th , to WABL – PO Box 5751 – Akron, OH 44372-5751 In-person registration (Northwest Family Recreation Center): Jan 31 st 10AM-12PM, Feb 4 th 6-8PM and Feb 7 th 12-2PM Questions: call Jamie Daniels (Baseball) at 330.253.7966 or Jim Diestel (Softball) at 330.869.9422

League Use Only
Date Paid: ___/___/___ <input type="checkbox"/> Cash <input type="checkbox"/> Check Ck # ___ <input type="checkbox"/> Credit Player Fee: _____ Other Fee: _____ Total Paid: _____

Medical Information
Preferred Doctors Name: _____ Phone: _____ Preferred Dentist Name: _____ Phone: _____ WABL carries accident insurance for its members. The deductible must be paid by the claimant.
Medical History: Allergies, Medications, Special Conditions, etc.

West Akron Baseball & Softball League (WABL) – Baseball/Softball Parent Authorization

I, _____, the parent/legal guardian of _____ do hereby give my approval and consent to my child's participation in any and all league and team activities during the current season. I agree to assume all risks and hazards incidental to such participation, including transportation to and from league and team activities. I agree to release and hold harmless the West Akron Baseball & Softball League (WABL), its officers, directors, coaches, volunteers, umpires/officials and participants from any and all causes of action, claims, and demands arising out of personal injury, damage or loss sustained by my child, myself, or any other interested person or organization by reason of my child's participation in league or team activities. I certify that the above child has been given a physical examination in the year prior to the current season and that the above child is in good health and physical condition to participate in all league and team activities. I will furnish a birth certificate for my above named child upon request of the league. In the event that I cannot be reached in an emergency, I hereby provide my consent and approval to the adult person in charge to secure proper emergency medical assistance.

Parent/Legal Guardian

Date

