

# West Akron Baseball & Softball League (WABL)

2010 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)	

**\*\*Boys based on player age as of April 1, 2010\*\***  
**\*\*Girls based on player age as of July 31, 2010\*\***

*NOTE: Only 1st 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  
 F League Fees: \$150 per child    A \$10 LATE Registration FEE will be added to forms received AFTER March 6th  
*ALL new players must provide a birth certificate!*

Return this form with check, before deadline date of Feb. 6<sup>th</sup>, to WABL – PO Box 5751 – Akron, OH 44372-5751  
 In-person registration (Northwest Family Recreation Center): Jan 30<sup>th</sup> 10AM-Noon, Feb 3<sup>rd</sup> 6-8PM & Feb 6<sup>th</sup> 10AM-Noon  
 Questions: call Jamie Daniels (Baseball) at 330.253.7966 or Jim Diestel (Softball) at 330.869.9422

League Use Only

Date Paid: \_\_\_/\_\_\_/\_\_\_     Cash     Check    Ck # \_\_\_     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

