

KNOTHOLE CLUB SALT LAKE BEES MINOR LEAGUE
BASEBALL PROGRAM APPLICATION

Knothole Club Salt Lake Bee's Minor League Baseball Program Registration
Hanna Recreation Center

Players Name _____ Male ___ Female ___
Mailing Address _____ City _____ Zip _____
Name of Parent or Guardian _____
Phones: Home () _____ Work () _____ Cell () _____
Players Birthday _____ Current Age ___
Grade _____ School _____

In case of emergency please contact:

Name _____ Phone () _____

Parental Agreement

1. I hereby certify that _____ (child's name) is in good health and capable of participating safely in the Knothole Club Salt Lake Bee's Minor League Baseball program, and has accident and health insurance, and the Community Recreation Departments, and all other participative agencies are not liable for any accident while participating in the Knothole Club Salt Lake Bee's Minor Program.
2. I hereby authorize the Directors of the Knothole Club Salt Lake Bee's Minor League Baseball Program act in my behalf in accordance with their best judgment in case of an emergency.
3. I understand the goals and objectives of the Knothole Club Salt Lake Bee's Minor League Baseball Program which are based on fun, fair play, skill development and teamwork.
4. I, as a parent or guardian, am willing to participate as a volunteer in support of the Program:
(Please Check) Coach _____ Assistant Coach _____ Official _____

Signature of Parent or Guardian _____

Jersey Size _____ (circle one)

Youth small Youth Med Youth Large Adult Small A- Med. A- Large A- X Large
(REMEMBER IF YOUR CHILD DOESN'T WANT A TIGHT SHIRT ORDER A SIZE LARGER)

Amount PD \$ _____ Receipt # _____ Staff Initials _____