



# Player Registration Form

Name: .....

Address: .....

..... Postcode: .....

Telephone Number: .....

Email: .....

Date of Birth: .....  Girl  Boy  
Please tick

School Name: .....

School Year: .....

By providing us with your email address you will automatically be added to the baseballsoftballuk.com registration database. You will be sent a username and password so that you are able to access all areas of the website, including the league bulletin board where you can chat to your teammates.

**Please detail below any information the league organisers should know about your health?  
(For example: Do you have any recurring injuries or do you suffer from asthma? You may need to ask for your parent/guardian's help with this.)**

.....  
.....

**How did you become interested in the Play Ball! Youth League?** Please tick all boxes that apply

At school  TV  Friend  Advertising

Other - please detail: .....

**Have you ever participated in any other baseball or softball activity?** Please tick all boxes that apply

At Club  Schools Programme  Other  I am a returning member of the league

**Do you have a favourite Major League Baseball team?**

Yes - details: .....  No

**Have you ever watched Baseball on TV?**

Yes - which channel: .....  No

**Have you ever visited one of the following websites?**

www.mlb.com  www.baseballsoftballuk.com

**I hereby agree to participate in the Play Ball! Youth League and agree to be bound by the league code of conduct.**

Player Signature: .....

IMPORTANT: This player registration form must be accompanied by the parental authorisation form.

**OFFICE USE ONLY**    MLB Team Assigned: .....    MLB ALL-Star  Yes  No





# Parental Authorisation Form

Play Ball! is Major League Baseball and BaseballSoftballUK's award winning youth programme for baseball and softball in the UK. It is a great opportunity for your child to participate in a fun sport that is open to boys and girls of all abilities. They will learn about the sport under the guidance and expertise of trained coaches within a safe and structured environment. All uniforms and equipment will be provided.

If your child suffers from any disabilities please tick the box that applies (optional)

Deafness  Visual Impairment  Physical Impairment  Learning Disability

Please describe the ethnicity of your child (optional)

White  Black African  Black Caribbean  Black Other  Bangladeshi  
 Indian  Pakistani  Chinese  Asian Other  Other Ethnic Minority

I hereby agree to allow my child to participate in the Play Ball! Youth League and agree to be bound by the league code of conduct that may apply to me.

Parent/Guardian Signature: .....

Your child can also become a member of the Play Ball! Fan Club for FREE and regularly receive exciting baseball communication by email and post. If you consent to your child becoming a member of the fan club please tick here.

## BE PART OF THE TEAM!

The Play Ball! League is intended to involve the local community as much as possible. We are keen for parents to get involved. If you feel you could spare some time to help support your child's team we would very much appreciate it.

Please tick boxes accordingly

Mother/Guardian

Father/Guardian

Parent/Guardian Name

.....

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Assistant Coach

Interested  Very Interested

Interested  Very Interested

Assist in supervision of children during baseball sessions

Treasurer

Interested  Very Interested

Interested  Very Interested

Assist with the organisation of the local league's finances

Secretary

Interested  Very Interested

Interested  Very Interested

Assist with some basic administration of the local league

Equipment

Interested  Very Interested

Interested  Very Interested

Assist with the general maintenance and supervision of equipment/apparel

Driving

Interested  Very Interested

Interested  Very Interested

Assist with local transportation

General Helper

Interested  Very Interested

Interested  Very Interested

Assist with local activities

THANK YOU!

If you would like to find out more about the league in your area, or the Play Ball! programme then please feel free to contact Patrick Knock on 020 7453 7005 or email [patrick.knock@bsuk.com](mailto:patrick.knock@bsuk.com)

Please return this form to your local Play Ball! Co-ordinator, Neil Turner, along with your child's player registration form. [neil@neilturnerssoftware.com](mailto:neil@neilturnerssoftware.com)