



Collinsville Recreational Baseball League (CRBL)

Division of MERBL

Summer 2019

High School Player Registration Form



Player Name _____ Birthdate _____

Address (1) _____ Shirt Size _____

Address (2) _____ Teammate/Coach Request _____

City/State/Zip _____

Phone _____ Grade Entering in Fall 2019 _____

Email _____ Birth Certificate: Attached ___ On File: _____

Medical Information

Medical condition(s) that we should be aware of: _____

Emergency Contact _____ Phone _____

Relationship to Player _____

Parent/Guardian #1

Name _____

Phone _____

Email _____

Parent/Guardian #2

Name _____

Phone _____

Email _____

FEES

\$150 per player for a maximum 16 game season plus one playoff game.

NOTE: For information regarding full or partial scholarships contact Mike Kamp.

Mail to: Collinsville Recreational Baseball League (CRBL)

Mike Kamp

115 Briar Ridge, Collinsville, IL 62234

Email: coachmikekamp@yahoo.com

Cell: (618)-406-4979

Paid: Cash _____ Check _____

Please write check payable to CRBL

Parental Consent: I/We, the parents/guardians of the above-named minor, hereby give my/our approval to participate in any/all CRBL activities, including transportation to and from the activities. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the CRBL organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

SIGNATURE _____ **DATE** _____