



Application to play Irondale Youth Baseball/Softball 2022
Registration July 1st - August 19th 2022 (Mondays - Thursdays)
7:00AM-5:00PM

Irondale City Hall 205-956-9200
Register at City Hall or online at www.cityofirondaleal.gov

Player's Last Name:		Player's First Name:	
Street Address:			
City:		State:	Zip:
Home Phone Number:			
Birthdate:		League Age:	Male
		Division:	Female
Participation in Irondale Youth Baseball/Softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. I confirm that my child is able to participate in this activity.			Yes
			No
Registration fees for the 2022 Fall season is \$75.00 for the each child. A check made payable to the City of Irondale should be included with the registration form. You can also registier online and pay with a credit card at www.cityofirondaleal.gov			
I/We, the parent(s) of the above named candidate for a position on an Irondale Youth Baseball/Softball team, hereby give my/our approval to participate in any and all Irondale Youth Baseball/Softball activities, including transportation to and from the activities. I agree to allow the City of Irondale to use any forms of media for the City of Irondale website or any other sites promoting Irondale Youth Baseball/Softball. All websites will be approved by the Park and Recreation Director.			Yes
			No
I/We know that participation in baseball/softball may result in serious injuries, and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Irondale, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.			Yes
			No
I/We also understand the Refund Policy: No refund will be made after a team assignment has been given. If a player requests refund prior to team assignment, 50% of the registration fee will be refunded.			Yes
			No
List any email addresses at which you would like to receive league or team mailings:			
Print Name (Father):		Print Name (Mother):	
Signature:		Signature:	
Date:		Date:	
Work Number:	Cell Phone:	Work Number:	Cell Phone:
PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE			



Irondale Youth Baseball/Softball Medical Release Form 2022 Fall Season

Player's Last Name:

Player's First Name:

Parent or Guardian Authorization:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Family Physician:

Phone:

Address:

City:

Hospital Preference:

In Case of Emergency, contact:

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Additional Contact Information:

Name:

Work Phone:

Relationship to Player:

Home Phone:

Cell Phone:

Additional Contact Information:

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

Allergies:

The purpose of the above listed information is to ensure that medical personnel have details of any medical concern, which may interfere with or alter treatment.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.

Authorized Parent/Guardian Signature:

Date