



EDGEBROOK-SAUGANASH ATHLETIC ASSOCIATION

c/o John Dewan
6543 N. Tahoma
Chicago, IL 60646

PONY LEAGUE FALL BALL
REGISTRATION FORM

773-631-5218
email: jdewan@aol.com

family name email address
street address telephone number
city zip code second telephone number

ESAA participates in Pony League Fall Ball as part of the North Suburban Youth Baseball Association (NSYBA)
For more information, check out www.nsyba.org.

father's name father's occupation mother's name mother's occupation
player name sex grade birth date height weight school shirt size

HOLD HARMLESS AGREEMENT

I/We, the undersigned, as the parent(s)/legal guardian(s) of the minor children above do give our consent and approval for his/her participation in any and all activities of the Edgebrook-Sauganash Athletic Association during the current season.

Will your children be involved in any other activity (soccer, hockey, etc.)? We ask this question for scheduling purposes only.

MEDICAL AUTHORIZATION

I/We, the undersigned, as the parent(s)/legal guardian(s) of the minor children above hereby give my/our consent and authority to ANY LICENSED PHYSICIAN and ANY LICENSED MEDICAL CARE FACILITY and its (their) physicians, nurses and medical staff to render medical care and treatment to my/our children (wards) named above for any and all injuries he/she may sustain during the current season as a result of his/her participation in any Edgebrook-Sauganash Athletic Association program.

Please include \$40.00 for each player you are registering and make the check or money order payable to "ESAA." Then return this registration form and your check or money order to the address at upper right.
The fee covers registration and a team jersey to be supplied by ESAA.
Also, if your player(s) did not play in the 2004 ESAA Senior League, please include a photocopy of the players' birth certificate(s).

parent/guardian medical insurance company (players must have medical expense insurance to participate)
policy number any impairments?

VERIFICATION AGREEMENT

I/We, the undersigned, will furnish, upon ESAA's request, the above -registered children's BIRTH CERTIFICATE and proof of MEDICAL INSURANCE coverage.

NORTH SUBURBAN YOUTH BASEBALL ASSOCIATION WAIVER

I/We give my/our approval and permission for [Name of Player(s)] to participate in the activities of the North Suburban Youth Baseball Association (NSYBA). I/We agree that he/she and I/we will follow all league and NSYBA rules of play and conduct. I/We understand that baseball is a sport which carries risks of injury, including collisions, tripping, or being hit by a ball or bat, and that protective equipment does not prevent all injuries to players. I/We hereby waive, release, indemnify, and hold harmless the community, park district, league or other entity which is the sponsoring organization of his/her team, the North Suburban Youth Baseball Association, the organizers, sponsors, supervisors, participants, and persons transporting the Player to and from activities, and also the community, Park District and/or other entity on whose fields the participating teams and the above Player play baseball, from every and any claim arising out of any injury, whether the result of negligence or any other cause. I/We warrant that the above Player is my/our child and/or I/we am/are the legal guardian(s) of the Player and that my/our child/ward and I/we understand the NSYBA rules of play and conduct and agree to follow them.

father: parent/guardian signature date
mother: parent/guardian signature date

father: parent/guardian signature date
mother: parent/guardian signature date