



Player Registration Form
Please Print Clearly

Player's Name: _____

Birth Date: _____

Address: _____

Home Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Email Addresses: _____

Players Positions - List All _____

Have you had any medical problems that have kept you from playing sports in the past 12 months? Y / N
If yes, please submit a doctor's note indicating you are cleared to play baseball.

I/We the parents(s)/guardian(s) of the above named player hereby give my/our approval to participate in any and all team activities in the programs run by The Cage Sports Development Center LLC.

I/We know that participation in baseball 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 to The Cage Sports Development Center LLC., its organizers, directors, sponsors, supervisors, participants, towns and persons transporting my/our child to and from activities for any claim arising or of any injury to my/our child whether the result of negligence or for any other cause. Your e-mail and cell number will be added to our contact list for updates and rainouts.
I/We will furnish a certified birth certificate of the above-named candidate to The Cage officials.

Parent(s) / Guardian(s) Signatures:

_____ Date: ____/____/____

_____ Date: ____/____/____

THIS FORM WILL NOT BE PROCESSED WITHOUT AT LEAST ONE PARENT/GUARDIAN SIGNATURE

The Cage Sports Development Center
22 Williams Way South
Calverton NY 11933