



Highland Park Baseball Association

Topeka, Kansas ○ established 1941

2801 SE 25th Street ○ PO Box 1662
Topeka, KS 66601
www.topekabaseball.com

PLAYER REGISTRATION FORM

Dear Parent/Guardian:

This form is to be used for all players interested in playing at HPBA. Please complete one agreement form for each player in your family and return it to your player's manager. **A copy of each applicant's birth certificate must be on file with HPBA.**

Player Information (please print):

Player Name: _____ Address: _____

City: _____ Zip: _____ Phone: (____) _____ Emergency Ph: (____) _____

Age as of May 1st: _____ Date of Birth: _____ Birth Cert on file with HPBA? Y (or) N
(circle one)

Last School Attended: _____ Last Grade Completed: _____

Parent/Guardian Information (please print):

Parent Name (main contact): _____ Relationship: _____

Occupation: _____ Work Ph: (____) _____

Home Ph: (____) _____ Mobile Ph: (____) _____ Email: _____

Parent Name: _____ Relationship: _____

Occupation: _____ Work Ph: (____) _____

Home Ph: (____) _____ Mobile Ph: (____) _____ Email: _____

Player's Statement: I do hereby agree to play baseball for _____ in
(manager / coach's name)

the _____ Division during the 20____ HPBA summer (or) fall season.
(circle one)

Consent of Parent or Guardian

I/We, the undersigned parent or legal guardian, do hereby verify the information in this player agreement form and consent to the placement of my/our child on a team in HPBA for this season. I/We understand that neither HPBA nor any of its members, officers, directors, sponsors nor employees assume responsibility for any injury or damage to person or property resulting from an incident occurring during conduct of the HPBA program including games, practices and other related activities and events. In case of emergency, I/we hereby consent to medical treatment for my/our child and authorize any member of HPBA Executive Committee to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

I/We prefer _____ Hospital.

The name of your child's physician is _____. Phone: (____) _____

Parent/Guardian Signature: _____ Date: _____

Manager/Coach Signature: _____ Date: _____