



Traveling Baseball Registration Form



1. Athlete's Information *(please print clearly)*

Name _____ Phone: (____) _____

E-Mail: _____ Birthdate ____/____/____

Street Address: _____ City _____ Township _____

Parent(s)/Guardian(s) _____

Teacher: _____ School: _____ Special Needs: _____

Age as of May 1st, 2008: ___10(*can only try out if in 5th grade) ___11 ___12 ___13 ___14 ___15

Grade as of May 1st, 2008: ___4th(*can only try out if 11yrs. old by May 1st) ___5th ___6th ___7th ___8th ___9th

____ I wish to try out with my **age** level **OR** ____ I wish to try out with my **grade** level
(**Subject to approval and team numbers**)

2. Medical Information: ____ Fairview Lakes 651-982-7000 ____ St. Croix 715-483-0241

Doctor: _____ Phone(____) _____

3. Fees: Traveling baseball fees are \$235.00
In-house/County League fees are \$70.00

____ I have enclosed the \$235.00 fee that is due at the time of registration. This fee covers traveling fees if my child is selected. (If your child does not make a traveling team, we highly encourage him to participate in the in-house/county league. If you choose County League, you will be refunded \$165.00. If your child decides not to play in either league, you will be refunded \$230.00 (\$5.00 will cover try-out gym costs).

4. Permission I give my permission for the above named athlete to participate in the LARA program, and I agree to abide by the LARA code of conduct, as well as the Mandatory Seat Belt Law when transporting athletes. I agree that all activities undertaken, by my child or myself, as part of this program are taken at our own risk. I am aware that injuries may occur and I accept full responsibility for any injury received while participating in the program. I hereby release the recreation association, its directors, coaches, umpires, or other sponsors from liability in the event of an injury to the above named athlete. I further authorize any immediate first aid treatment, until such time as the listed guardians or physicians can be contacted. I authorize release of permission of photo and video taping of my child for public or private use. *This is not a Chisago Lakes School District #2144 sponsored event/activity. All costs for this promotion have been paid for by the sponsoring organization.*

Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY Registration Fee: _____ Total Received: _____

Date: ____/____/____ Cash: _____ Check # _____ Rec'd by: _____

Mail Form to: LARA Registrations, P.O. Box 190, Lindstrom, MN 55045

Questions? e-mail lakesarearec@frontiernet.net