



# 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](mailto:lakesarearec@frontiernet.net)