



PLAYER REGISTRATION FORM

For more information, please call 949-333-8961 or visit www.simplypurebaseball.com

** PLEASE PRINT CLEARLY**

PLAYER LAST NAME		PLAYER FIRST NAME	
AGE		DOB	
ADDRESS			
CITY		STATE	ZIP
PARENT/GUARDIAN		EMAIL	
HOME PHONE		MOBILE	

Practice Jersey Size: S, M, L, XL

Desired Jersey Number: ()

Hat Size: S, M, L, XL

Health Insurance Company: _____

Policy Number: _____

Please list any health concerns: _____

WAIVER OF LIABILITY: I/We release Simply Pure® Baseball Club and any other party/parties and/or organizations involved in this club from any and all claims or responsibilities for injuries suffered by the participant during this program. I/We understand that injuries can occur during such athletic activities of this program and hereby authorize the Directors and/or staff to act on behalf of the parent of the participant to use best judgment in an emergency to provide necessary medical attention and care when required.

Parent/Guardian Signature: _____ Date: _____

Please mail all checks to: Simply Pure® Baseball Club – 16590 Aston St. Irvine CA 92606