

# SCOTT CARRIGAN BASEBALL -SPRING 2012 Registration Form

**THE BEST BASEBALL IN TOWN**

Rookie  Minor  Major

Make Checks to:  
Scott Carrigan Inc.  
PO Box 6688  
Ocala, FL 34478-6688

Write the AGE your child WILL BE on April 30, 2012: \_\_\_\_\_

Form of Payment: Cash \_\_\_\_\_ Amount \_\_\_\_\_ Check# \_\_\_\_\_ Amount \_\_\_\_\_

Player's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**NO PO Boxes accepted, Physical Addresses Only Please.**

Home Phone: \_\_\_\_\_ Male:  Female:  School: \_\_\_\_\_

Physician: \_\_\_\_\_ Ph: \_\_\_\_\_ Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_

Any Allergies or Disabilities? Yes  No  If Yes, please list: \_\_\_\_\_

Is child taking any daily medication? Yes  No  If Yes, please list: \_\_\_\_\_

## AVAILABLE UNIFORM SIZES (Circle One)

**SHIRT**    **YS**   **YM**   **YL**   **AS**   **AM**   **AL**   **AXL**  
**PANTS**   **YXS**   **YS**   **YM**   **YL**   **YXL**   **AS**   **AM**   **AL**   **AXL**

### MOTHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email Addr: \_\_\_\_\_

### FATHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email Addr: \_\_\_\_\_

With Whom Does Your Child Reside?:      Mother     Father     Both     Other

If Other, Please Explain Relationship To Child: \_\_\_\_\_

I/We the parent(s) of the above named player, do hereby give my/our consent for him/her to participate in any and all activities during the current baseball season. I/We do assume all responsibility for any injuries incidental to the conduct of this activity, transportation to and from the activity, and do hereby release and hold harmless Scott Carrigan Baseball, its leagues and agents. I/We agree to assume the responsibility for the deductible (\$100) portion of any medical claim filed on my/our child through the league insurance. I/We also agree to abide by all Scott Carrigan league rules and regulations.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**ARE YOU INTERESTED IN COACHING?**    Yes     No

### FIELD SIGNS & TEAM SPONSOR

Do you wish to purchase an "Advertising Sign" (outfield fence) OR be a "Team Sponsor"?    Yes     No

Advertising Sign: \$350.00     Team Sponsor: \$350.00     Both: \$600.00

Company: \_\_\_\_\_ Contact \_\_\_\_\_ Phone #: \_\_\_\_\_