

Bismarck Capitals

PLAYER NAME: _____

All of the following must be turned in by the first practice of the season, (June 5th, 2023).

- Registration Form
- Registration Fee (Make checks payable to (Bismarck Capitals)
- Medical Release Form
- Copy of Birth Certificate

Each player will receive the following:

- Season Tickets (5) – *These will be distributed the first week of practice.*
 - All players will get 5 season passes to sell. If you choose to sell them you keep the money that will help lower your registration fee.



Player Information

Player Name: _____ Birth Date _____

Address: _____

Cell Number: _____ E-Mail: _____

Home School: _____ Graduation Year: _____

Positions: P C 1B 2B 3B SS OF

Bats: L R S Throws: L R

Height: _____ Weight: _____

Cage Jacket Size: _____ Hat Size: XS-S MD-L LG-XL

Name of other sports in which you are participating: _____

Indicate any dates you will be gone during the summer. _____

Are you interested in playing sports in college? _____

If yes, are you interested in attending college showcases? _____

Parent/Guardian Information

Name: _____

Employer: _____

Cell Number: _____ E-Mail: _____

Name: _____

Employer: _____

Cell Number: _____ E-Mail: _____

Fees and Refunds

Player Fees – \$350.00 Make checks payable to **Bismarck Capitals Baseball**

\$350.00 Player fee includes Team Hat and 5 Season passes.

Player Fees can Be refunded if your son chooses to not play.

Parent Volunteering

Parents are required to work the concession stand and ticket booth for at least two home dates.

If you have any questions, concerns or need any additional information please email

leea@shilohchristian.org.

Drug/Alcohol/Tobacco/Vaping Products:

By your son signing and agreeing to play for the Bismarck Capitals this summer, they are agreeing to NOT participate in the following: drinking alcohol, smoking, vaping, and the use of tobacco products of any kind. We understand that some kids are of age to purchase tobacco products, but we also have kids who are 15 years old playing on our team (s). Consequences for participating in any of the above activities will have consequences and the most severe consequence would be being asked to leave the team.

Please return your registration fee and a copy of the player's birth certificate to:

**Aric Lee
515 Arabian Ave
Bismarck ND 58503**

OR

In person to Coach Lee

*** The following must be signed in order to play for the Bismarck Capitals. ***

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

MEDICAL RELEASE

Emergency Authorization

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the supervising adults or volunteers acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital.

Waiver of Liability and Disclaimers

I, the parent or guardian of (player name) _____, acknowledge that participation in athletic events necessarily involve risk of physical injury. In consideration for accepting the registration of the below named individual and permitting the voluntary participation of said individuals in this program, I hereby release, discharge, and hold harmless the volunteers and other representatives from any and all claims, demands, liabilities, and causes of action arising out of or relating to any injury that may result to said individual while participating in this program.

Player Name (Please Print)

Signature of Parent or Guardian

Date

Health Insurance: YES NO
Insurance Provider: _____

Policy #: _____

Please list names and phone numbers of anyone else that can be contacted in case of an emergency.

Name

Phone #

Please list allergies your son may have, medications your son is currently taking, and/or medical conditions Bismarck Capitals should be aware of.
