Northbrook Action Baseball

P.O. Box 5 • Northbrook, IL 60065-0005

If you have a question, please call (847) 564-9849 and leave a message.

nortbrookactionbaseball.org

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Northbrook Action Baseball

2020 Fall League Registration Form

Please fill out this application, completely, and return w/check payable to:

Northbrook Action Baseball, P.O. Box 5, Northbrook, IL 60065-0005
Please enclose your check for $165.00

INDIVIDUAL AND TEAM ENTRIES / REGISTRATIONS ACCEPTED

Registration due by August 20, 2020

Registration Date_____

Player Name_____ Birth Date_____
First Last

Lives with: Father / Mother / Both
Circle One

Male / Female
Circle One

League Preference (check one): ***School year 2019-20***

____ **Intermediate** (1st Grade) ___ **Major** (2nd Grade)

Requests:_____ Years/Exp. in NAB Baseball/Softball_____

List two friends you would like to play with (no guarantees) Present Grade (school year 2019-2020)_____

School and District_____

Would parent like to be a head coach? YES NO

***Both* bottom sections of application must also be filled out *completely* and signed by parent(s).**

FATHER

Name_____
First Last

Address_____

City_____Zip_____

Home Phone_____-_____

Cell Phone_____-_____

MOTHER

Name_____
First Last

Address_____

City_____Zip_____

Home Phone_____-_____

Cell Phone_____-_____

Family Email Address:_____
(Please Print Clearly)

I/We the parents and/or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Northbrook Action Baseball League, the organizers, coaches, participants and persons transporting my/our child to and from activities: for any claim arising out of injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We also agree not to take legal action if my/our son/daughter is not placed on my/our desired team.

Signature of Parent(s) or Legal Guardian_____Date_____