

How do I sign up?

Bring or Mail your Registration Fee To

McEachern UMC
4075 Macland Road
Powder Springs, GA 30127

OR

First Baptist Church of Powder Springs
4330 North Avenue
Powder Springs, GA 30127

NON-PROFIT
BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 3
POWDER SPRINGS
GA 30127

Registration Information

- Make checks payable to **MMUMC**
- Early registration cost is \$95 per child
- Uniforms include jersey, hat & socks
- After **April 23**, add a late fee of **\$10**
- Deadline for registration is **May 1**

Evaluations

- Every player **MUST** attend evaluations
- Evaluations will take place at MMUMC athletic fields as follows:
 - 5 & 6 year old Boys/Girls (Tee Ball)
Monday, April 19 at 5:30pm (Jersey sizing only)
 - 7 & 8 year old Boys/Girls (Coach Pitch)
Monday, April 19 6:30-8:00pm
 - 9 & 10 year old Boys/Girls (Live Arm & Machine Pitch)
Tuesday, April 20 6:30-8:00pm
 - 11 & 12 year old Boys/Girls (Live Arm & Machine Pitch)
Thursday, April 22 6:30-8:00pm(9 & 10/11 & 12 year old leagues dependent on at least 40 players signing up by May 1)
- Make-up Evaluations for all ages
Friday, April 23 6:30-8:00pm
- Inclement Weather Hotline
(678) 567-5039 x 1006

League Schedule

- **Practices** will be on **Mon, Tues OR Fri**
- **Games** will be on **Thurs AND/OR Sat**
- **Practices** begin the week of **May 17**

McEachern Memorial United Methodist Church
4075 Macland Road
Powder Springs, GA 30127

2010 Impact Baseball



McEachern Memorial United
Methodist Church
&
First Baptist Church of Powder
Springs

Ages 5 - 12
Early Registration \$95 per player
March 22 - April 23
Late Registration \$105 per player
April 24 - May 1

For more information
678-567-5039 ext 5014 or 6017
www.meachernumc.org
www.fbcps.org

Registration Form

Player Information

Last name _____ *First name* _____ *MI* _____

Address _____

City _____ *State* _____ *Zip* _____

Home Phone _____ *Birthday* _____ *Gender* _____ *Age* _____

Church (what church do you regularly attend?) _____

Notes _____

Coaches Link _____ *Carpool Link (Only One)* _____

Mother Information

Last name _____ *First name* _____ *MI* _____

Cell Phone _____ *Work Phone* _____

Email address _____

Employer _____

I can do one of the following for the team

Coach
 Referee
 Team Parent

Father Information

Last name _____ *First name* _____ *MI* _____

Cell Phone _____ *Work Phone* _____

Email address _____

Employer _____

I can do one of the following for the team

Coach
 Referee
 Team Parent

Emergency Contact

Last name _____ *First name* _____ *MI* _____

Cell Phone _____ *Work Phone* _____

Relationship _____



Participant Information

How many years has your child played organized baseball?

Assertiveness

To help us better coach your child AT PLAY, your child is best described as (circle one)

1	2	3	4	5	6	7	8	9	10
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Jersey/Shirt Size

Sizing will be available during evaluations

YS
 YM
 YL
 YXL
 AM
 AL
 AXL

Practice Night Exclusion

If applicable, check ONE night your child CANNOT practice

Monday
 Tuesday
 Friday

Evaluations (Coaches Use Only)

Hitting	Running	Fielding	Throwing	Pitching
TOTAL				

Office Use Only

Paid	Amount	Payment Type

Please Read Carefully — Signature Required

Does the child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions?

No Yes _____

EMERGENCY AUTHORIZATION

I, the undersigned, Parent or Guardian of the named player, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/ vehicle drivers, 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. If there is an emergency and I cannot be reached, please contact the aforementioned Emergency Contact.**

_____ *Signature of Parent or Guardian*
 _____ *Date*

WAIVER OF LIABILITY, DISCLAIMER AND PERMISSION

Parent or Guardian of the named *Player*, acknowledges that participation in athletic events necessarily involves risk of physical injury and even death from various causes including but not limited to: accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision, disputes with other players or players' parents, equipment and playing area defects, negligence of coaches, referees, umpires, officials, parents and volunteers.

On behalf of my child, myself and my family, I assume these risks.

In consideration for accepting the registration of the named *Player* and permitting the voluntary participation of said *Player* in its programs, I hereby release, discharge and hold harmless McEachern Memorial United Methodist Church, its employees, volunteers, coaches, referees, umpires and other representatives from any claims arising out of or relating to any physical injury that may result to said *Player* while participating in any Impact Baseball sponsored event, including any physical injury by the negligence of any coach, referee, umpire, official or employee while performing his/her duties during any practices or games. The Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of child's name and picture in photos, broadcasts, websites, emails or any other format, whether printed or electronic, for any participation any Impact Baseball sponsored event.

_____ *Signature of Parent or Guardian*
 _____ *Date*

