



UMAC Baseball, Inc.
P.O. Box 1950
Germantown, MD 20875
(301) 972-1449

Register Online @ www.umacbaseball.com

This program is administered solely by UMAC Baseball, Inc., an organization of volunteers working with the youth of our area. There will be a 20.00 Late Fee on all Registration Forms Received or post marked after Feb 16, 2008

Player : _____ Date of Birth: ___ / ___ / ___ Telephone: _____
 Address: _____ City: _____, State: _____ Zip: _____
 School: _____ Baseball Experience: _____ League: _____ Email: _____
 Requested Coach: _____

Please checks payable to UMAC *** There will be a \$20.00 fee for all returned checks.

<u>Age:</u>	<u>Fee:</u>
T-Ball	\$85.00
7	\$110.00
8	\$110.00
9	\$130.00
10	\$130.00

League Fee:	
Late Fee:	
Total:	

<u>Age:</u>	<u>Fee:</u>
11	\$130.00
12	\$130.00
13	\$130.00

UMAC needs Volunteers:
Manager _____
Team Parent _____
Sponsor _____
Concessions _____
Field Maint _____

There is no required fundraiser this year. To help offset the cost of registration, candy may be purchased at registration for \$25/box. There are 40 - \$1.00 candy bars per box. **CANDY: # Boxes _____

The UMAC youth program needs your help. In order to help make the program a success, we're asking that you contribute a few hours of your time in one or more of the following areas: Field Maintenance, concessions or other miscellaneous UMAC activities. With your help, we can make this the best youth baseball program in the area.

Permission Slip

I _____, the undersigned, hereby grant permission for _____ to participate in the baseball league sponsored by UMAC. I understand that this program is not solely supported by registration fees, and I agree to participate in various fundraising, and other support activities.

Consent for Medical Treatment

As a parent or legal guardian of _____, I give my consent for emergency medical treatment approved by the team manager or other adult escort, in case of serious illness or injury while participating in the UMAC Babe Ruth Baseball program and related activities. I understand that this is to prevent undue delay and to assure prompt treatment, and that only a licensed physician will be engaged for such an emergency. Parents will be notified in such a case. I have listed all allergies, special medication needs, or medical problems below.

Physicians Name: _____ Phone: _____ Needs: _____
 Emergency Contact: _____ Phone: _____ Medications: _____
 Signature _____ Home Phone: _____ Work Phone: _____

Spring 2008