Fremont Baseball Incorporated

P.O. Box 1399 Fremont, CA 94538 (510)-490-8189
www.fremontbaseball.org

Baseball Sign-up Application

FBI League Use Only (WEB)
Date Received:_____
Check #:_____ Amt:_____
Receipt/Auth #_____
Taken by:_____
Team Assigned: _____
☐ Birth Certificate ☐ FRBO

$5 **DISCOUNT** on early registration received by or on 02/15 | $25 **LATE FEE** on registration received (Postmarked) after 02/15 of current season. Registrations will **NOT** be accepted without proper form of payment. All fees must be current prior to participation.

Please Print all Information Clearly

_____ _____ ( )_____ ☐ Male ☐ Female
Player's Last Name **Player's First Name** **Player's Phone Number**

_____ _____ _____
Player's Street Address (Primarily Residence) **City of Residence** **Zip Code**
(Must be a resident of Fremont, Newark, or Union City, Hayward)

_____ _____ _____
Player's Date of Birth **Age as of 04/30 in new season** **School of Attendance and Room Number**

_____ _____ _____ _____
Parent's or Guardian's Name(s) *(Printed legibly)* **Address** *(If different from Player)* **City** **Zip Code**

( )_____ / ( )_____ _____
Other numbers to contact parent/guardian or player Email Address (FBI does not SPAM email)

Indicate Age Group: ☐Shetland 5-6 ☐Pinto 7-8 ☐Mustang 9-10 ☐Bronco 11-12 ☐Pony 13-14 ☐Colt 15-16

_____ Do you wish to stay with the same team? ☐Yes ☐No
Last Year's Division and Team *(for returning players)* or Previous League *(Players moving from Pinto to Mustang must try-out)*

Has your child ever played baseball before? ☐Yes ☐No Will your child, or is your child playing in another league? ☐Yes ☐No

Names of Players' siblings playing in league: _____

_____ ( )_____ _____ ( )_____
Physician's Name Phone Number Dentist's Name Phone Number

List any medical problems or allergies: _____
I/We will also be required to fill out a medical release for our child prior to any practice or game participation. Signing this application authorizes FBI to have treatment administered to my/our child in case of absence.

Comments or requests: _____

I/We hereby give the above mentioned child permission to participate in the Fremont Baseball Incorporated baseball program. I/We release Fremont Baseball Incorporated and their officials from and against any liability for any injury, which may be incurred by my/our child arising out of or in any way connected with their participation in this program. I/We will also be required to fill out a medical release for our child prior to any practice or game participation.

I/We agree to return, upon request, any uniforms and equipment issued during the season, in as good as condition as when received, except for normal wear and tear at the end of the season.

I/We also understand that I/We are required to assist the league in order to have an active program for my/our child, and that I/we will work in the snack bar, assist with the fields, and participate on the fundraisers as required. I/We understand that each team is required to meet a minimum sponsorship, fundraising, and work hour requirements.

Fremont Baseball Incorporated reserves the right to deny applications, suspend and revoke parent or player privileges at any time. Please note: All registration fees must be paid; and a completed and signed application accepted before my/our child can play any season games. All unsigned or incomplete applications WILL BE REJECTED, and my/our child cannot participate until application is accepted. I/We understand that our child must reside within league boundaries for tournament and team eligibility, and will provide proof if requested. I/We understand that a copy of a birth certificate is required for all new players. I/We understand that payment to the league is NON REFUNDABLE, and that an additional service charge of $25.00 will be collected for all returned checks.

X_____ _____ _____
Parent or Guardian's Signature **Date** **Relationship to Player**

Parent Assistance and Volunteers
Indicate how you can assist the league

☐ Team Manager ☐ Snack Bar
☐ Team Coach ☐ Field Preparation
☐ Team Parent ☐ Umpire
☐ Scorekeeper ☐ Fundraisers
☐ Computer Entry ☐ Board Position
☐ Committee ☐ Special Events
☐ Phone Calling ☐ Where Needed

☐ Other: _____
_____

NON REFUNDABLE REGISTRATION

Make check payable to:
Fremont Baseball Incorporated or (FBI)

You may also mail to:
Fremont Baseball Incorporated or (FBI)
P.O. Box 1399, Fremont, CA 94538
Attn: Registration

Please DO NOT send cash if paying by mail !
One check for multiple players is sufficient.

Fees by Divisions
Copy of Birth Certificate required for all new players

Division / Player	*1st*	*2nd*	*3rd*
Colt (15-16)	150	140	120
Pony (13-14)	120	110	90
Bronco (11-12)	95	85	65
Mustang (9-10)	90	80	60
Pinto (7-8)	90	80	60
Shetland (5-6)	65	55	40

Fourth player in family plays **Free**
(No discounts for High School players or partial season)
Age as of April 30th of new season
Fees to increase for 08 season

Notice !