



# Fremont Baseball Incorporated

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



## Baseball Sign Up Application

Registrations will NOT be accepted without proper payment. All fees must be current prior to participation.

### FBI League Use Only

Date Received: \_\_\_\_\_  
Check #: \_\_\_\_\_ Amt: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_  
Jersey Size:  
Youth: \_\_\_S, \_\_\_M, \_\_\_L, \_\_\_XL  
Adult: \_\_\_S, \_\_\_M, \_\_\_L, \_\_\_XL

### Please Print all Information Clearly

Player's Last Name \_\_\_\_\_ Player's First Name \_\_\_\_\_ Player's Phone Number \_\_\_\_\_

Parent or Guardian's Name(s) (Printed and legible) \_\_\_\_\_ Player's Date of Birth \_\_\_\_\_ Age on 04/30 \_\_\_\_\_  Male  Female

Player's Street Address (Where player primarily lives) \_\_\_\_\_ City of Residence \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

\_\_\_\_\_ Do you wish to stay with the same team/farm?  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' other Brothers or Sisters playing league: \_\_\_\_\_

School of Attendance and Room Number \_\_\_\_\_ Physicians Name and 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.*

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

Other: \_\_\_\_\_

### NON REFUNDABLE REGISTRATION

**Make check payable to FBI or Fremont Baseball Incorporated.**

You may also mail to  
FBI, Attn: Registration.  
P.O. Box 1399, Fremont, CA 94538

**Please do not send cash if paying by mail.**  
*One check for multiple players is sufficient.*

**Copy of Birth Certificate required for all new players**

### Player Fees by Divisions

(Non Refundable)

Division / Player	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Colt (15-16)	150	140	120
Pony (13-14)	130	120	100
Bronco (11-12)	105	95	75
Mustang (9-10)	100	90	70
Pinto (7-8)	100	90	70
Shetland (5-6)	75	65	50

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