

## Metro East Recreational Baseball League MERBL



## 2024 Spring/Summer Season High School Player Registration Form

Player Name	Birthdate	
Address (1)	Shirt Size <u>DNA</u>	
Address (2)	Teammate/Coach Request	
City/State/Zip		
Phone	Grade Entering in Fall 2024 _	
Email	Birth Certificate: Attached	On File:
Medical Information		
Medical condition(s) that we should be aware of:	3).	
		7/4
Emergency Contact	Phone	
Relationship to Player	4	
2 1/2 11 11	"Pressions"	
Parent/Guardian #1	Parent/Guardian #2	
Name	Name	
Phone	Phone	
Email	Email	-
FEES \$170 Per Player; or \$2,200. Minimum Per Team for a	a 14 game season plus playoffs starting June 1 a	and ending
July 31		
lail to: Metro East Recreational Baseball League (MER	RBL)	
Mike Kamp	<b>Paid</b> : Cash	Check
531 W. 5 <sup>th</sup> St, Saint Jacob, IL 62281		
Email: coachmikekamp@yahoo.com	Please write check pay	able to MERB
Cell: (618)-406-4979  Irental Consent: I/We, the parents/guardians of the above-named cluding transportation to and from the activities. I/We know that p	minor, hereby give my/our approval to participate in any/all participation in baseball or softball may result in serious injuri	MERBL activities, ies and protective
quipment does not prevent all injuries to players, and do hereby war ganizers, sponsors, supervisors, participants, and persons transpor my/our child whether the result of negligence or for any other cau	rting my/our child to and from activities from any claim arisin	
ICNATURE	DATE	