



Metro East Recreational Baseball League
(MERBL)
2025 Fall Baseball Season
High School Player Registration Form



Player Name _____ Birthdate _____
Address (1) _____ Shirt Size _____ Does Not Apply _____
Address (2) _____ Teammate/Coach Request _____
City/State/Zip _____
Phone _____ Grade Entering in Fall 2025 _____
Email _____ Birth Certificate: Attached _____ On File: _____

Medical Information

Medical condition(s) that we should be aware of: _____

Emergency Contact _____ Phone _____

Relationship to Player _____

Parent/Guardian #1

Name _____

Phone _____

Parent/Guardian #2

Name _____

Phone _____

Email _____ Email _____

FEES

\$170 Per Player; \$2000 Minimum Per Team for a 12 game season starting 3rd week of August and ending September 28 to October 7.

Mail to: Metro East Recreational Baseball League (MERBL)

Mike Kamp

531 W 5th St, Saint Jacob, IL 62281

Email: coachmikekamp@yahoo.com

Cell: (618)-406-4979

Paid: Cash _____ Check _____

Please write check payable to MERBL

Parental Consent: I/We, the parents/guardians of the above-named minor, hereby give my/our approval to participate in any/all CRBL activities, including transportation to and from the activities. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the CRBL organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

SIGNATURE _____ **DATE** _____