

**Language Of Baseball LLC**  
**OFFICIAL REGISTRATION FORM –**

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Age & Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (confirmation sent via email): \_\_\_\_\_

\*NAME OF PROGRAM \_\_\_\_\_

Amount enclosed for program \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Liability Release: (Must be signed by Parent or Guardian)**

I agree, acknowledge and understand the nature of baseball and softball activities, and my child is of good health and physical condition to participate in such activities. I fully accept and assume all possible risks and all responsibilities for losses, costs, and damages that may incur as a result of my child's participation in these activities. I hereby waive and release for myself, my child, their heirs, executors, and administrators, any claim we may have for damages against Language Of Baseball LLC that resulted in my child's participation in the activity. **NO MONEY REFUNDS!**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Options:**

Check (made payable to LANGUAGE OF BASEBALL LLC. /Check No. \_\_\_\_\_)

Visa

Mastercard

Name on Card: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit code on back \_\_\_\_\_

Total Amount Charged: \_\_\_\_\_

Please mail completed registration and payment to:

**Language Of Baseball LLC**  
**348 Pittsburgh Mills Circle**  
**Tarentum Pa 15084**

**Web: [www.Baseball19.Com](http://www.Baseball19.Com)**