

**RED LION RECREATION  
SPRING 35 AND OVER BASEBALL LEAGUE  
REGISTRATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ E-MAIL \_\_\_\_\_

T-SHIRT SIZE (PLEASE CIRCLE)    L    XL    2XL    3XL    SHIRT # REQUESTED \_\_\_\_\_

INFO: BAT: R L B    THROW: R L    BEST POSITION(S): \_\_\_\_\_

BASEBALL EXPERIENCE: \_\_\_\_\_

KNOWN WEEKENDS YOU WILL MISS IN MAY AND JUNE \_\_\_\_\_

CHECK ONE OR MORE OF THE FOLLOWING:

ABLE TO BE A DEPENDABLE PITCHER \_\_\_\_\_    CAN THROW STRIKES \_\_\_\_\_

ABLE TO BE A DEPENDABLE CATCHER \_\_\_\_\_    CAN CATCH IF NEEDED \_\_\_\_\_

WE NEED COACHES: CHECK HERE IF INTERESTED IN COACHING \_\_\_\_\_

WE NEED SCOREKEEPERS (\$10.00 PER GAME) NAME OF SCOREKEEPER \_\_\_\_\_

QUESTIONS TO: RED LION RECREATION – MIKE ZELGER – 244-6896

**PLEASE INCLUDE A CHECK FOR \$75.00 MADE OUT TO RED LION RECREATION  
AND MAIL TO RED LION RECREATION – P.O. BOX 158 RED LION PA. 17356**

I, THE UNDERSIGNED, VOLUNTARILY WAIVE AND RELEASE THE RED LION RECREATION COMMISSION AND ITS EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM DUE TO PERSONAL INJURY OR DAMAGE DURING ANY TIME ASSOCIATED WITH THIS ACTIVITY. I REALIZE THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. I REALIZE THE INJURY MAY BE SEVERE, INCLUDING FRACTURES, BRAIN INJURY, PARALYSIS, AND POSSIBLE DEATH. IN THE EVENT OF INJURY, I GIVE MY PERMISSION TO RECEIVE EMERGENCY MEDICAL TREATMENT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE