



2019 Alliance Hot Stove Baseball Sign Up Form

For your convenience, you can also register online at www.alliancehotstove.org

If you have questions, we can be reached by email at alliancehotstove@gmail.com, by phone or text at 330-539-2255, or at our Facebook page "Alliance Hot Stove Baseball League."

Your email address: _____

Players Name: _____ Date of Birth ____/____/____ Age as of 05/01/19 _____

Address: _____ Zip Code: _____

Parent or Legal Guardian: _____ Phone: _____ - _____ - _____

Phone: _____ - _____ - _____

Team played for last year: _____ School player attends: _____

I would be interested in: Managing Coaching Helping w/State Tournament

NOTE: No refunds will be made after uniforms are ordered. Refunds after teams are organized will only be made with Hot Stove Board approval. *Please be prepared to play games any day of the week.

Tag Day Opt Out
 I will pay an additional \$40.00 for my child (NOT) to participate in the League Tag Day (I thru G Leagues only)
 My child will participate in the League Tag Day (I thru G Leagues only)
If **NO BOX** is checked your child WILL participate. **Parents Signature** _____

In person sign up dates and times for All Leagues:

(Additional dates may be available and deadlines may be extended. Please look for more information on our website or Facebook page.)

Fees:	
T-Ball (5-6 years).....	60.00
I-League (7-8 years).....	70.00
H-Leagues (9-10 years).....	80.00
G-Leagues (11-12 years).....	85.00
F-Leagues (13-14 years).....	90.00
E & EE-Leagues (15-18).....	175.00

Location - Buckeye Village Market Place & Alliance American Legion		
⇒ Saturday	February 2nd, 2019	10:00 a.m. to 4:00 p.m.
⇒ Sunday	February 3rd, 2019	12:00 p.m. to 4:00 p.m.
⇒ Saturday	February 9th, 2019	10:00 a.m. to 4:00 p.m.
⇒ Sunday	February 10th, 2019	12:00 p.m. to 4:00 p.m.

Family/multiplayer discount: If you are registering more than one player, you will pay full price for the first, highest level, player. You will then pay half price (50%) of the fee for each additional player, regardless of age or league classification.

- Registrations for I though F will not be accepted after midnight on February 16th -
- Registrations for T-ball will be accepted until the last day of March -
- Registrations for E and EE will be accepted until April 20th -

Please bring players fees (cash or check) along with the completed sign up sheet to Buckeye Village or Alliance American Legion on the dates shown, or Mail to Address Below, or register online at www.alliancehotstove.org.

Payment Cash Check# _____

Accepted by: _____

Opt Out Total Amount Paid \$ _____

Date Received: _____

Note:

Early registration may be mailed to: Alliance Hot Stove Baseball
3650 Baldwin Ave.
Alliance, Ohio 44601

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Medical Consent Form

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone _____

Dentist: _____ Phone _____

Medical Specialist: _____ Phone _____

Local Hospital: _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by about named Doctors, or in the event the designated preferred practitioner is not available by another licensed physician or dentist.; and
2. The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentist concur in the necessity for such surgery.

List below facts concerning the child's medical history including **allergies, medications being taken** and **physical impairments** to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Address _____

City: _____ State _____ Zip: _____

Insurance Co: _____ Policy #: _____

Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Hot Stove League authorities to take the following action:

Signature of Parent/Guardian _____ Date _____

Address _____

City: _____ State _____ Zip: _____

Insurance Co: _____ Policy #: _____