

**Franklin-Monroe Jr. Baseball/Softball**  
**2026 Registration Form**

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor Name/Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Age Cutoff is January 1<sup>st</sup> (Last Name will be printed on shirt)

<b>Division</b>	<b>Min Age</b>	<b>Max Age</b>	<b>Player Cost</b>	<b>Shirt Size</b>
Colt Boys	13	15	\$80.00	Youth Small
Major Boys	11	12	\$80.00	Youth Medium
Minor Boys	9	10	\$80.00	Youth Large
Mini Boys	7	8	\$80.00	Adult Small
5 <sup>th</sup> /6 <sup>th</sup> Grade Girls			\$80.00	Adult Medium
3 <sup>rd</sup> /4 <sup>th</sup> Grade Girls			\$80.00	Adult Large
Mini Girls	7	8	\$80.00	Adult XL
T-Ball (Boys & Girls)	5	6	\$60.00	Adult XXL

To keep the FM Junior Baseball and Softball program successful and costs low, each player is assigned a concession date that one parent/guardian is required to work. Concession shifts will be assigned by team and failure to work the assigned shift will result in additional fees for my child and/or losing the ability to register my child in future seasons.

You may opt out of working concession by paying a fee of \$120 for the first child then an additional \$40 per child and a max of \$200. Paying this fee relieves you of the requirement to work concession during the season when the fee was paid. If you wish to pay the opt out fee initial here \_\_\_\_\_.

Signing below indicates that you have read and agree to the volunteer requirement for your child.

Parent/Guardian/Custodian:

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

Signature

\*\*Form continues reverse side

## **MEDICAL AUTHORIZATION**

### **Part I Grant of Consent**

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained BEFORE the surgery IS PERFORMED.

Participant Name: \_\_\_\_\_  
Print Name

Parent/Guardian/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## **FM Junior Baseball/Softball Waiver**

We hereby agree that the FM Junior Baseball/Softball association and their members, coaches, officers, and volunteers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of FM Junior Baseball/Softball and we agree to indemnify and hold harmless All Towns, FM Junior Baseball/Softball, their members, coaches, officers, officials, and volunteers of any claim.

Parent/Guardian/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature