



2018 Babe Ruth FALL League Registration Form

PLEASE TURN IN TO THE CONCESSION STAND BY JUNE 15, 2018

THERE WILL NOT BE ANY TRYOUTS FOR THIS LEAGUE

TEAMS WILL BE PICKED BY BOARD OF DIRECTORS

Costs this year are \$50.00 per player ages 4-13. A maximum of \$150.00 per family will apply.

Parent/Guardian Info: (Please Print Legibly)

Name: _____ Relationship to Player: _____

Address: _____ City: _____ Zip: _____

Contact Phone# _____ E-mail _____

Player Info: _____ (list up to 4 players. Must live in same household.)

| Name | DOB | Age as of 5/1,2019 | Move Up | Gender | Shirt Size | Previous Years Played | School Enrolled for 2018 |
|------------------|-----|--------------------|---------|--------|------------|-----------------------|--------------------------|
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| Total Paid _____ | | | | | | Check# _____ | |

PLAYERS WILL PLAY IN THE LEAGUE THAT THEY ARE ELIGIBLE FOR THE SPRING 2019 SEASON. EXAMPLE: IF YOU WERE 8 YEARS OLD BEFORE MAY 1, 2018 YOU WILL PLAY IN THE 9-10 LEAGUE DURING FALL BALL. PLAYERS WHO WOULD LIKE TO MOVE UP MUST FALL UNDER SAME GUIDELINES SET FOR THE 2019 SPRING SEASON.

Emergency Contact Info:

Name: _____ Relationship to Player: _____

Emergency Contacts Phone#: _____

The Board of Directors wants the experience had by all players and fans to be the best it can be. By signing below your stating that you will treat others with courtesy and respect while at the ballpark and all practices. Fans are asked to follow the posted park rules at all times during games and all practices. Anyone who violates any rules or becomes unruly can be subject to removal from the premises. Any rules violations or situations will be addressed by the Babe Ruth Board of Directors, so let us all help our participants "develop into real true citizens".

I, the undersigned parent/guardian of the player(s) listed above, understand this activity involves an element of risk and danger of accidents and injury, and knowing those risks, I hereby assume those risks on my behalf and on behalf of each player. I authorize the program providers to consent to medical, surgical and/or dental examination, in addition on behalf of each participant, knowingly release and discharge Shelby County Babe Ruth and its directors, agents and volunteers, from any and all liability resulting from any injury or damage associated with participation in this activity.

Medical Insurance provided a supplementary policy. This means if your child is injured, you must use your insurance **FIRST**. If medical expenses go beyond your coverage, or you do not have insurance, the benefits of the Babe Ruth policy **may** become effective. Babe Ruth will not reimburse you to satisfy a deductible clause in your policy. Each participant may only be enrolled and play in one sanctioned Babe Ruth, Cal Ripken League at a time. Each participant must be a Shelby County resident, or St. Paul in Decatur County. Each participant must live within one of the 5 school districts of Shelby County.

By signing below I attest that I have read and fully understand and agree to the assumption of risk waiver and release of all claims set forth herein.

Signature: _____ **Print Name:** _____ **Date:** _____