Plymouth Babe Ruth 2017 Registration Form

Player's Name:_____ Date of Birth:____/____/_____

Address:_____ Home:(____)_____

Mailing address if different:_____ Cell:(____)_____

Email address:_____ School:_____

Age as of April 30, 2017:_____ Team played for in 2016 :_____

Parent/Guardian Responsible:_____

Family Physician/Pediatrician:_____ Phone:(____)_____

The League remains in need of volunteers. Please *seriously* consider helping.

I would like to volunteer by: ( ) Coaching ( ) Team Parent

I, the parent/guardian of the above named child hereby give my permission for his/her participation in any and all Plymouth Babe Ruth activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless the local league; Plymouth Babe Ruth, Babe Ruth Baseball Inc., the organizers, sponsors, coaches, participants, Board of Directors, and any persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause; except to the extent and in the amount covered by accident or liability insurance. I understand that protective equipment can't prevent all injuries a player might receive while participating in youth sports. I also understand that the Plymouth Babe Ruth can't underwrite or indemnify spectators from injury to self or property incidental to the sport of baseball. I hold the Plymouth Babe Ruth harmless for any damages incurred while attending games, practices, or other activities related to the Plymouth Babe Ruth.

I understand that a fee of $250 is due at the time of registration and that the family fee is $400 for two children adding $50 more for each child after two, payable to the Plymouth Babe Ruth.

I understand that a $50 uniform deposit will be collected in the spring and will be refunded back to me when I return the uniform. (pants, jersey & belt). **X_____Int.**

MEDICAL RELEASE

In case of emergency, if family physician cannot be reached, I authorize my child_____ born ___/___/___ to be treated by another qualified physician who is available.

2017 SEASON REGISTRATION FEES:	**Individual Fee:**	**$250**
	Family Fee:	**$400 +**

***NOTE: DEADLINE FOR REGISTRATION REFUND IS APRIL 1, 2017**

PARENT/GUARDIAN SIGNATURE: X_____DATE:_____

FOR LEAGUE USE

Date Registered:___/___/___ Fee:_____ Check:_____ Initials:_____

www.PlymouthBabeRuth.com
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