

Richland Babe Ruth Baseball Association
P.O. Box 1055, Richland, WA 99352
Player Registration Form
(Please Print)

Age as of
April 30

Name: _____ Birth Date: _____

Address: _____ City: _____

Phone: _____ E-Mail Address: _____

Parent/Guardian: _____

Other family member(s) registered with Association? _____ Please give names and ages:

School: _____ Grade: _____ Playing School Baseball? Yes No

Returning Player? Yes No Last year's team name: _____

I hereby give my approval, as parent/guardian of the above named player, for his/her participation in any and all activities of the Richland Babe Ruth Baseball Association. I assume all risks and hazards incidental to such participation, including transportation to and from such activities. I further recognize that it is my responsibility to assure that the above named player is physically capable of participating in all such activities.

I hereby waive, release, absolve, indemnify and agree to hold blameless the Richland Babe Ruth Baseball Association, Babe Ruth Baseball Inc., the organizers, sponsors, supervisors, and participants for any claim arising out of injury to said player.

I agree to insure the return, in the same condition as received from the Association, of any equipment or uniforms belonging to the Richland Babe Ruth Baseball Association which have been issued to said player. I agree to reimburse the Association for any equipment or uniforms which have not been returned, or have been lost or damaged through negligence.

Signature of Parent/Guardian

Date

Medical Release Form

In case of emergency, if our family physician cannot be reached, I hereby authorize the treatment of _____ by another qualified, licensed physician, who is available.

Family Physician: _____ Phone: _____

Signature of Parent/Guardian

Date

Receipt

Name: _____ Amount Paid: _____

Proof of age checked: _____ Birth Certificate: _____ Babe Ruth ID: _____

League Representative Signature: _____