



# REGISTRATION FORM

**PLAYER INFORMATION**

Legal First Name: \_\_\_\_\_ Mid Init: \_\_\_\_\_ Last Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

School (during season): \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

List any medical conditions that player has that could affect participation: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PARENT / GUARDIAN**

Guardian type:  Father  Mother  Other/Legal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company & Occupation: \_\_\_\_\_ Gender:  M  F

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENTAL SUPPORT**  
We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

Coach  
 Team Snack Shack Coord  
 Manager  
 Scoreboard Operator  
 Field Preparation  
 Board Member/Committee  
 Publicity/Newsletter  
 Scorekeeper

Other: \_\_\_\_\_

**PARENT / GUARDIAN**

Guardian type:  Father  Mother  Other/Legal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company & Occupation: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_  
 Same as Above

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Other: \_\_\_\_\_

**IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED**

-Permission to Participate - I, The parent or legal guardian of the registrant, a minor, hereby gives permission to his/her participation in any and all Babe Ruth activities. I certify that all information on this form is true and correct.

-Agree to Abide by Rules - I, agree that I and the registrant will abide by the rules of the Novato Babe Ruth Baseball League, Inc., (the League), as established by the League's Board of directors. I specifically understand that any player can be ejected from the League for acting violently during a Babe Ruth activity. A copy of the league local rules may be obtained from our web site.

-Hold Harmless for Injuries - Recognizing the possibility of physical injury associated with baseball and in consideration of the League accepting the registrant for its baseball program and activities (the "Programs"), I hereby release, absolve, discharge, indemnify and agree to hold harmless the League, its sponsors, and associated personnel including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

-Accept Responsibility for Equipment - I agree to be responsible for any League equipment issued to my son/daughter and will return said equipment upon request or pay the League its replacement costs if lost.

-Authorize Emergency Medical Treatment - Furthermore, I hereby give consent for the registrant's emergency medical care prescribed by a licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_