



2018 New Fairfield Baseball Registration Form

Players Name:		Birth Date:
Address:		
Town:	Zip:	
Main Player EMAIL (Please print clearly):		
Main Player Contact Phone:		
Parent/Guardian #1 information		
Guardian #1 Name:	Relationship:	
Guardian #1 Phone:	Email :	
Parent/Guardian #2 information		
Guardian #2 Name:	Relationship:	
Guardian #2 Phone:	Email :	
Contact Person (if different) for Emergencies:		
Phone:		
Played Last Year?	Gender:	

***** Parent Signature Required *****

1. I have read, understand and agree to abide by the Parent Code of Conduct. I understand that failure to follow the code will result in my removal from the playing area and possibly the program.
2. I understand that requests for team placement can only be honored in the TBALL and 'A' division. I understand that I cannot choose the division in which the player will be placed. The division placement is based on experience, age and coaches evaluations.
3. I understand that I will be contacted to volunteer in some capacity and that it is my responsibility to the program and the player to assist. If I am unable to fulfill the volunteer duties, that I will find a replacement and notify the volunteer coordinator.
4. In case of an accident or illness, I hereby authorize a representative of NF Baseball to use his/her judgment in obtaining immediate Medical Care. Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible. If we should be aware of special medical conditions, please attach document.
5. I, Parent/Guardian of the Player a minor, HEREBY RELEASE and/or INDEMNIFY New Fairfield Baseball, Inc dba CAL Ripken Baseball ("NF Baseball"), their Board of Directors and Officers, associated personnel, Coaches, affiliated organizations, including the New Fairfield Lions Club, as sponsors, against all claims arising from physical injury as a result of the above Players participation in the NF Baseball program. I will assume the responsibility to get Player to and from practice and games. **No Refunds.**

Parent/Guardian: _____ **Date:** _____

For League Use Only

Birth Certificate Checked

Residency Checked

Fee Paid: _____ Check Number or Cash: _____