

Player Name _____
 Date of Birth _____
 Home Phone _____
 Family Email Address _____
 Home Address _____
 Current School _____
 Current Grade _____
 Parent/Guardian Name _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____

T-Shirt Size (check one)
 Adult Sm Adult Med Adult Lrg Adult XL Adult 2X

Player, please tell us which *two (2)* positions you are most interested in:
 Please check no more than 2
 Pitcher
 Catcher
 Infield
 Outfied

Cancelations or postponments due to inclement weather
 will be posted first on our website
www.eastlymebaberuth.com

IN CASE OF EMERGENCY, in a situation when the parent/guardian cannot be reached, please contact:

Name _____
 Phone _____
 Relationship _____

Please list allergies or medical conditions of which the staff should be aware: _____

Medical / Hospital Insurance Info: _____

I/WE, the parent(s)/guardian(s) of the above named child hereby give my/our permission for him to participate in any and all baseball activities, including any transportation to and from games and/or practices. I/WE know that participation in baseball can result in injuries, some serious, and hereby waive, relase, absolve, indemnify, and agree to hold harmless East Lyme Babe Ruth, Inc., organizers, sponsors, supervisors, managers, coaches, any participants, and persons transporting the child to and from any activities from any claim arising out of injury to the child whether the result of negligence or for any other cause, except to the extent and in the amount covered by our accident or liability insurance.

MEDICAL RELEASE: I/WE know that participation in any sports program may result in serious injury. Protective equipment does not prevent all injuries to players. In the event of an emergency, I/WE, the parent(s)/guardian(s) of the above named child grant permission for said child to receive emergency treatment whenever necessary while attending or participating in any fuction with East Lyme Babe Ruth.

Signature _____ Date _____
 Printed Name _____

LEAGUE USE ONLY	Date Received _____	Fee Paid \$ _____
	ELBR Official Initials _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____