

Player Name _____
 Date of Birth _____ Grade _____
 Best Contact Phone _____
 Best Email _____
 Home Address _____

Father/Guardian Name _____
 Home Phone _____
 Cell Phone _____
 Employer _____
 Work Phone _____
 Email _____
 Mother/Guardian Name _____
 Home Phone _____
 Cell Phone _____
 Employer _____
 Work Phone _____
 Email _____

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

Name _____
 Phone _____
 Relationship _____

Family Doctor _____
 Address _____
 Phone _____
 Insurance Company _____
 Policy Number _____

Is player in reasonably good health? Yes No If no, please explain.

If you answer yes to any questions below, please explain in the space provided, using reverse side if space is needed.

Has player been hospitalized or undergone surgery in the last 12 months? Yes No

Does player have any bone or joint problems or weaknesses? Yes No

Has player had a concussion or head injury in the last 12 months? Yes No

Does player have a long-term or recurring illness or disease? Yes No

Does player have any known allergies to food, medicines or drugs? Yes No

Does player take any medication on a regular basis? Yes No

Please use this space to explain above answers or give further information about the player that may affect his experience with East Lyme Babe Ruth.

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 herby waive, release absolute, 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 function with any team.

PLAYER INTERESTS

Is player considering participation on other baseball team(s)?

- Yes No If Yes, please indicate type(s):
- Middle School (LOL or Private School)
 - High School
 - American Legion (Junior or Senior)
 - AAU
 - Other organized travel team

Would you like information regarding upcoming ELBR clinic(s)?

- Yes No

Would player have interest in winter baseball training sessions through East Lyme Babe Ruth? Yes No

Please list other sports or activities in which the player participates or enjoys:

Signature _____

Printed Name _____ Date _____

Volunteers are greatly needed to take part in a variety of tasks. Please indicate any areas in which you will be able to help ELBR:

- Coach Assistant Coach Scorekeeper Field Maintenance Clinic Uniforms Coordinator
- Board Position Communication Registration Sponsorship Fundraising Volunteers Coordinator
- Other: _____

LEAGUE USE ONLY

<input type="checkbox"/> Season I	Birth Certificate	Defenders Tix	Additional Purchase \$ _____	ELBR Official Initials: _____
<input type="checkbox"/> Season II	<input type="checkbox"/> Yes	<input type="checkbox"/> In Person	Item(s):	Registration Fee \$ _____
<input type="checkbox"/> SEC 16-18	<input type="checkbox"/> No	<input type="checkbox"/> By Mail		<input type="checkbox"/> Cash
<input type="checkbox"/> Fall	<input type="checkbox"/> On File			<input type="checkbox"/> Check No. _____
<input type="checkbox"/> Other				