



# Triple Play Batting Cages

## ***Fall Baseball Individual Registration Form***

**Player Name**

**Address**

(Street )

(City, Zip)

(Telephone Number)

(Email Address)

**Guardian Name**

**Address (if different)**

(Street )

(City, Zip)

(Telephone Number)

(Email Address)

**Player DOB:**

**Division:**

**Babe Ruth (U15):**

**Step-Up (U13):**

**Majors (U12):**

**Minors (U10):**

**Spring League:**

**Spring Division:**

**Position(s) Played:**



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**Medical Condition (Allergies and/or Medications):**

**Medical Waiver:**

As Parent or legal guardian of the child or children listed above, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Triple Play Batting Cages, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claims arising out of injury to my/our child whether the result of negligence or for any other reason.

**Agree to Terms:**

**Fee:** \$100 (Minors), \$125 (Majors), \$100 (Step-Up), \$140 (Babe Ruth)

**Send Forms and Payment to:**

Triple Play Batting Cages  
500 Main Street Clinton, MA 01510  
[www.tripleplaybattingcages.com](http://www.tripleplaybattingcages.com)

**Signature:**