



Pembroke Youth Baseball

Cal Ripken League Registration Form - Spring 2018



Affiliated with Cal Ripken Baseball, A Division of Babe Ruth Baseball, Inc.

<hr/> Player's Last Name		<hr/> Player's First Name		<hr/> Male/Female	
<hr/> Street		<hr/> Town		<hr/> Zip	
<hr/> Phone #		<hr/> Date of Birth		<hr/> Spring '18 Grade	
<hr/> Father's Name		<hr/> Mother's Name			
<hr/> Cell Phone # for team communication			<hr/> Secondary email		

Medical/Special Considerations

	<u>Spring 2018 Grade</u>	<u>Fee</u>
<input type="checkbox"/>	Kindergarten	\$100
<input type="checkbox"/>	1 st grade	\$100
<input type="checkbox"/>	2 nd & 3 rd grade	\$120
<input type="checkbox"/>	4 th & 5 th grade	\$140
<input type="checkbox"/>	6 th grade	\$140
<input type="checkbox"/>	7 th , 8 th , 9 th or 10 th grades	\$155

Late fee of additional \$25 after 1/31/2018

BIRTH CERTIFICATE REQUIRED FOR NEW PLAYERS

MULTI-PLAYER DISCOUNT - \$10 per add'l player
FAMILY MAX - \$350 (excluding late fees)

PYB will refund application fees for health or medical reasons. Other refunds will only be considered if the request is made prior to the commencement of the season.

Pembroke Baseball is run by VOLUNTEERS. Please help!

Volunteer Name: _____ DOB _____

Coach Assistant Coach Age Group: _____
 Snack Bar Field Maintenance Fund Raising
 Other _____

Release and Consent for Medical Treatment

Pembroke Youth Baseball PYB carries insurance on players, however, PYB assumes no liability for injuries sustained while participating in the activity. Baseball is a competitive sport and the parent or guardian signing this release recognizes and understands that injuries can occur while playing baseball and can be an inherent and unavoidable consequence of this activity. Having read this disclaimer I hereby approve my son's/ daughter's participation in this activity and agree to hold Pembroke Youth Baseball, it's coaches, directors and managers harmless from any and all actions, claims and damages for personal injuries and disabilities that I and or my child / children may sustain or incur as a result of participation in this program.

Furthermore, as Parent or Legal Guardian of the above named player, 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 AGREE

Pembroke Youth Baseball fully complies with the Massachusetts General Laws, Chapter 272, and will recruit and assign persons in the program in a non-discriminatory manner without regard to sex, race or religion

PYB USE ONLY	CASH/CHECK #	AMOUNT	# OF PLAYERS	BIRTH CERTIFICATE
		\$		Yes / No