



NFC Babe Ruth Baseball

For Players aged 12 to 15 as of April 30, 2018*

Register online at www.nfcbaberuth.com

Registrant's First Name		Last Name		Sex	Date of Birth
Home Phone:		Street Address:			Grade
School		City, State Zip			
Parent/Guardian # 1 Information			Parent/Guardian # 2 Information		
First and Last Names			First and Last Names		
Home Phone			Home Phone		
Work Phone			Work Phone		
Cell Phone			Cell Phone		
Emergency Contact:	Contact Name		Medical Problems		
	Phone Number				
Email Address (for all correspondence)					
Special Requests:					
If you played Northern Fairfax County Babe Ruth Baseball in Spring 2017, state what team:			If 13 yr old, circle league played Spring 2017:		
			State league Name:		
The Babe Ruth, Cal Ripken and Little League Organizations have modified the league age requirement to "age as of April 30."					
Have you played baseball previously?	If so, how many seasons?	Shirt Size (Circle) <i>Adult:</i> S M L XL XXL		Height (ft, in)	Weight
Y N				Bats R L Both	Throws R L
VOLUNTEER INFORMATION -- Volunteers run NFCBRB. We spend many hours assuring that we provide the best baseball program possible for the children of Chantilly Herndon and Reston. We request parents donate some time to our program to keep fees to a minimum. Please volunteer by circling the areas where you can help. F = Father M = Mother					
F M *Manager	F M *Coach (Assistant)	F M Field Maintenance	F M Team Sponsor		
Note: * All managers and coaches will undergo background checks. Please complete the form available from the website					
FEES AND REGISTRATION DATES			Make check or money order payable to (NFCBRB) . Please include a separate registration for each Player you register.		
Amount: \$195.00 Due by August 24, 2018			Mail to: NFC Babe Ruth Baseball (NFCBRB)		
\$230.00 On or After August 25, 2018			534 Merlins Lane, Herndon, VA 20170		
IMPORTANT: Player may be placed on a wait list if registration is postmarked after due date. We cannot guarantee that a wait-listed player will be placed on a team.			Amount included: _____ Check Number: _____		
Per Fairfax County allocation policies, registration information for each participant is provided to the Fairfax County Department of Community and Recreation Services (DCRS). Once DCRS receives this information, it becomes public record and as such may be released under the Virginia Freedom of Information Act (FOIA) unless the parent/guardian specifically requests that this information not be released.					
Check here, if you do not grant DCRS permission to release your child's registration information.					
As a parent or legal guardian of the above named minor, I grant permission for this minor to participate in all the program activities. I assume all risk and hazards incidental to such participation, including transportation, and do hereby release and waive all claims against NFCBRB, Herndon Optimist, Reston Youth Baseball, sponsor's, volunteers, agents and other participants. I further grant permission for Emergency first aid to be given to my child if necessary.					
Signature of Parent or Guardian: _____				Date: _____	