

Clackamas Babe Ruth Baseball 2009 Individual Registration

Spring Season

Fall Season

Players Name: _____

Birth Date: _____

Address: _____

Age on May 1, 2008: _____ Grade: _____

City: _____ State: _____ Zip: _____

School: _____

Home Phone: _____

Number of Years Played: _____

Cell Phone: _____

Are you a Pitcher? Yes No Catcher? Yes No
(circle)

Email: _____

Position(s) Preferred: _____

Are You Playing HS or another League: Yes No

Player lives with: Mother Father
(circle one)

Where: _____

Both Parents Other

Player Shirt Size:	S	M	L	XL	2XL	3XL	Adult Sizes Only
Player Hat Size:	6 3/4	6 7/8	7	7 1/8	7 1/4	7 3/8	7 1/2 7 5/8

Parent/Guardian #1: _____

Wk Phone: _____

Email: _____

Cell Phone: _____

Parent/Guardian #2: _____

Wk Phone: _____

Email: _____

Cell Phone: _____

Clackamas Babe Ruth Baseball is operated by volunteers for the enjoyment/benefit of our youth. We encourage help and ask you to volunteer in the following areas:

Coach	Umpire	Field Maintenance
Sponsor: League: \$350	Snack Shack	Board Member
Team: \$500		

NOTE: After the teams are drafted there will be NO refunds. Depending on the availability of coaches all players will be placed on a team. **Fees: Spring \$95 AND \$25 Fundraiser OR \$30 Buyout Fall \$60**

*****For League Use Only*****

DOB Verification: _____

Cash: _____

Check: _____

Clackamas Babe Ruth Baseball Release Form

I the parent/guardian of the above named candidate for a position on Clackamas Babe Ruth Baseball team hereby give my approval for his participation in any and all Clackamas Babe Ruth Baseball activities during the current season. I assume all risks and hazards that may occur to named participant including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless Clackamas Babe Ruth Baseball, the organizers, coaches and sponsors for my claims arising out of an injury to my child to the extent and in the amount covered by accident or liability insurance.

As the parent or legal guardian of the above named player, I hereby give my consent for the 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 the life, limb or well being of my dependent.

I will demonstrate self-control at all time, respecting officials' decisions without gesture or comment; Treat opponents with respect and follow the rules of good sportsmanship and fair play at all times; Respect and cooperate with coaches, officials, parents and teammates; Be on time and ready for practices and games; Respect the rights and property of others. I agree to be responsible for any fundraising items or activities my child is assigned.

Hospital Preference: _____

Does the Player have any medical conditions we need to be aware of such as asthma, diabetes, epilepsy, eyesight/hearing loss, allergies, etc.?

List: _____

Signature of Parent/Guardian _____

Date: _____