2009 Spring

GREATER VIENNA BABE RUTH LEAGUES

PLAYER INFORMATION -- PRINT ALL INFORMATION CLEARLY - Send two completed copies

Player Name: _____ (LAST NAME) _____ (FIRST NAME) ____ (MI)

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

Secondary Phone: _____ Secondary Email: _____

Birthdate: _____ (XX/XX/XXXX) Age on April 30, 2009: _____ M/F _____ Height: _____ Weight: _____

Name of School Attending: _____ Previous Experience: ☐YES ☐NO No. of Years: _____

Pitcher: _____ Catcher: _____ Infield Position(s): _____ Outfield Position(s): _____

ALL 13 Yr Olds & NEW PLAYERS (Must register in person - bring birth certificate and proof of residence)

If Vienna Little League: Team: _____ Level: _____ (Majors/AAA) All Star?: _____

If Other League: Location: _____ Level: _____ (Majors/Minors/Travel) All Star?: _____

High School Team? Varsity: _____ J.V. _____ Position(s): _____

RETURNING PLAYERS Varsity: _____ J.V. _____ Position(s): _____

PLAYER'S OUTSIDE COMMITMENTS

Will player be present during the entire season? ☐YES ☐NO If NO, list dates: _____

Will the player participate in another spring activity/job that will conflict with practices or games? ☐YES ☐NO

If Yes, list activity and conflicting dates and times: _____

PARENT INFORMATION

Use back of form for extra information

Parent/Guardian full names: _____

Address if different from above: _____

Email if different from above: _____

Emergency Contact: _____ Emergency Phone: _____

Official Use Only
Address Verified ____
League Age ____ Paid ____
Checker

Volunteer Information. All families participate, one volunteer per player or pay non-volunteer fee.

Please indicate your **3 choices** below in order of preference (1,2,3); Snack Bar is in addition to normal team coverage.

☐ **$100.00 non-volunteer**

- ☐ League VP
- ☐ Manager
- ☐ Coach
- ☐ Field Maintenance
- ☐ Secretary
- ☐ Quartermaster
- ☐ Transition Coordinator
- ☐ Fall Ball Coordinator
- ☐ Volunteer Coordinator (Data Entry)
- ☐ Snack Bar (3-5 additional regular season games)
- ☐ Snack Bar (post-season/tournament games)
- ☐ Board Member At Large (various needs)

Registration Fees: $175 (first child); $125 (second child); $100 (third and each additional child)

Deduct $25 from each registration paid by January 31, 2009.
Add $50 for each late registration:
after March 1st for Babe Ruth (13-15 yr olds) - after April 1st for Sr Babe Ruth (16-18 yr olds)

PARENTS/GUARDIANS: Please read - TWO LINE Signatures Required

As the parent or legal guardian of the above named minor, I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims aganst the Greater Vienna Babe Ruth Leagues, sponsors, volunteers, agents and other participants. I further grant permission for emergency first aide to be given to my child in case of injury.

Parent/Guardian **(Sign for Babe Ruth)** _____ Date: _____

I do not wish my child's personal information to be released by Fairfax County. **(Sign for County)**_____

The line above is **required** by the county. Your signature is **optional**. Write NA if you do not wish to sign

Make checks payable to **Vienna Babe Ruth**

Mail Form with payment to: **Vienna Babe Ruth**
P.O. Box 250, Vienna, VA 22183