

# 2009 Fall Baseball with Vienna Babe Ruth

## Player Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Secondary Phone: ( ) \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Birth Date (xx/xx/xxxx): \_\_\_\_\_ Age on April 30, 2010: \_\_\_\_\_ M/F: \_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Previous Experience: Yes \_\_\_ No \_\_\_ Number of Years: \_\_\_\_\_ High School: Varsity \_\_\_\_\_ JV \_\_\_\_\_

Bats: L \_\_\_ R \_\_\_ Throws: L \_\_\_ R \_\_\_ Positions: P \_\_\_ C \_\_\_ 1B \_\_\_ 2B \_\_\_ 3B \_\_\_ SS \_\_\_ LF \_\_\_ CF \_\_\_ RF \_\_\_

Name and Level of **Spring/Summer 2009 Team**:

- Vienna Prep League: \_\_\_\_\_ - Vienna Little League: \_\_\_\_\_
- Vienna Babe Ruth League: \_\_\_\_\_ - Other: \_\_\_\_\_
- Vienna Senior Babe Ruth League: \_\_\_\_\_

School Attending in Fall 2009: \_\_\_\_\_ Grade: \_\_\_\_\_

Will player participate in another activity that will cause him to miss practices or games? Yes \_\_\_ No \_\_\_

If yes, list activity with conflicting dates and times: \_\_\_\_\_

## Parent Information

Full Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Work/Emergency Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Volunteer Participation: Manager: \_\_\_ Coach: \_\_\_ Field Maintenance: \_\_\_ Scheduler: \_\_\_

Snack Bar Coordinator: \_\_\_ League Vice President: \_\_\_ Other: \_\_\_\_\_

## Registration Fee

\$150.00 (first child)

\$100.00 (second child)

\$75.00 (third child and each additional child)

**NOTE: Those registered by July 1, 2009 are guaranteed to be on a Fall Ball roster.**

**Those registering after July 1, 2009 will be placed on team rosters subject to space availability.**

Vienna Babe Ruth  
P. O. Box 250

Make checks payable to: **Vienna Babe Ruth**

Mail Form with payment to: Vienna, VA 22183

**PARENTS/GUARDIANS: Please Read and Sign**

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 against the Greater Vienna Babe Ruth leagues, sponsors, volunteers, agents and other participants, including its Fall League Affiliate. I further grant permission for emergency first aide to be given to my child in case of injury.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I do not wish my child's personal information to be released by Fairfax County. \_\_\_\_\_  
The line above is required by the county. Your signature is optional. Write NA if you do not wish to sign.