



Meredith Cal Ripken Baseball League
2010 Registration Form and Information Sheet

Registration Fee is \$40.00 per child.

(All additional players per family after the first two are free)

Mboro / Sandwich

Please write checks to: Meredith Cal Ripken

Paid (check or Cash): \$

Birth Certificate Checked:

Player's First Name: Player's Last Name:

Address: DOB: Grade:

Player's actual age as of April 30, 2010

Player's Primary Home Phone #: Home E-mail Address:

Pant size: Youth-(S,M,L) Adult-(S,M,L) Shirt size: Youth-(S,M,L) Adult-(XS,S,M,L)

Circle level played in 2009: Instructional (t-ball) Farm (coach pitch) Minors Majors

Mother/Guardian First Name: Father/Guardian First Name:

Mother/Guardian Last Name: Father/Guardian Last Name:

Address: Address:

City: State: Zip: City: State: Zip:

Mother's home phone: Father's home phone:

Mother's cell phone: Father's cell phone:

Mother's work phone: Father's work phone:

Emergency Contact Name: Emergency contact phone:

Doctors Name Dentist Name

Doctors Phone Dentist Phone

List any medical conditions:

Please attach additional description, if necessary

List any siblings at the same level (Majors, Minors, Farm, & Instructional):

Are you willing to help? Coach Y / N Assistant coach Y / N

In which areas will you volunteer? (Circle at least one):

Fund Raising Umpire Team Parent HR Derby Tournament

Are you interested in team or league sponsorship? Y / N

RISK OR INJURY NOTICE:

The undersigned agrees, I or we, as the parent/guardian of the above named candidate for a position on the Meredith Cal Ripken Baseball Team, hereby give my/our approval to participate in any and all Cal Ripken activities, including transportation to and from all events / activities. I know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Meredith Cal Ripken League, Town of Meredith, Parks and Rec department, Meredith Cal Ripken Board of directors, Babe Ruth League Inc., the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my child whether the result of negligence or any other cause. I agree to return upon request the uniform and other equipment issued to my child in as good a condition as when received except for normal wear and tear. I will furnish a certified birth certificate to the above named candidate to League officials.

CONSENT FOR MEDICAL TREATMENT:

The undersigned agrees, in case of emergency, if a family physician or dentist cannot be reached, I hereby authorize the above named player to be treated by another qualified licensed physician or dentist who is available. When an emergency exists, I authorize qualified medical personnel, emt's, ambulance personnel or others, permission to treat my son or daughter and provide necessary care on the field at school or at any medical facility/ hospital capable of providing medical treatment or services.

Parent of Guardian Signature

Date