

New Bern Babe Ruth Baseball League

2010 Fall Season

Name: _____ DOB: _____

Mailing Address: _____ Phone: _____

(List additional phone numbers)

City: _____ State: _____ Zip: _____ E-mail: _____

Uniform: _____ Jersey (Men’s T-shirts sizes S, M, L, XL, XXL)circle size and enter

We, the undersigned, are the parent/guardians of _____ who desires to participate in the Babe Ruth Baseball program during the 2010 Fall season. We do hereby give our approval to his/her participation in the activities of the Babe Ruth League.

We agree to pay \$25.00 when registration is submitted to the New Bern Babe Ruth League or to West New Bern Recreation Center. We, the parent/guardians, also agree to aid our child in caring for the equipment, which may be issued to our child. We shall be responsible for same, and return it to the manger of the team to which our child is assigned at such time as requested by the manager or any authorized person.

In consideration of your providing our child with the opportunity, we assume all risk and hazards incidental to the participation in these activities and we hereby release New Bern Babe Ruth Baseball, Inc., its officers, directors, agents, servants, employees, and officials from any liability by reason of any injury that might be sustained by our child.

We understand that our child is covered by New Bern Babe Ruth League’s accident insurance policy. However, if our child is injured while playing or practicing Babe Ruth Baseball, we also understand that we are responsible for all costs incurred over and above the amounts paid by the New Bern Babe Ruth League’s insurance, whether medical, dental, or other costs.

We specifically authorize New Bern Babe Ruth League, Inc. personnel (paid or volunteer) to summon emergency assistance or to take our child to a doctor or the emergency room of the hospital in the event it should appear to be necessary.

New Bern Babe Ruth League does not discriminate on the basis of race, religion, color, national origin, or gender.

Height: _____ Weight _____ Players age today: _____

Parent/Guardian Signature (also, please print last name if different from child’s last name)

Player’s Signature

As a parent I would like to volunteer for:

_____ Snack Bar _____ Coaching _____ Fundraising

For league use only:

Sign up fee: _____ Check # _____ Date _____ Initialed _____

Return Registration to:

New Bern Babe Ruth Baseball, PO Box 15011, New Bern, NC 28561

For more information please call Craig Lewis 252-671-0026 or Kelli Winter 252-672-8423