

Bedford Babe Ruth Baseball/Softball, Inc.

*** 2008 SPRING PLAYER REGISTRATION ***

New Player

to BBRBS: NO YES (Birth certificate required if new) Baseball Softball
(Please check one) (Please check one)

_____/_____/_____
 First Name Last Name Sex Birth Date Grade

Lives with: Both Mother Father Other
(Please check one)

Father's Name: _____ Telephone: _____

Father's Address: _____ Email: _____

Mother's Name: _____ Telephone: _____

Mother's Address: _____ Email: _____

All ages as of 8/31/2008 except American and Babe Ruth which is age as of 4/30/2008

| Baseball | | |
|------------------------------------|-------------|-------------------|
| <u>League</u> | <u>Ages</u> | <u>Game Days*</u> |
| T-Ball | 6 | M-W |
| Farm (coach pitch) | 7 – 8 | T-Th |
| National | 9 – 10 | M-W |
| American/Atlantic (age as of 4/30) | 11 – 12 | M-W |
| Babe Ruth (age as of 4/30) | 13 – 15 | Sa-Su |

| Softball | | |
|---|-------------|-------------------|
| <u>League</u> | <u>Ages</u> | <u>Game Days*</u> |
| All 6 year old boys and girls play T-Ball | | |
| Rookie (coach pitch) | 7 – 8 | T-Th |
| Junior | 9 – 12 | T-Th |
| Intermediate | 11 – 12 | T-Th |
| Senior | 13 – 14 | Sa-Su |

* Game days could change depending on registration numbers and field availability. Some additional games may be played on Fridays.

MEDICAL RELEASE

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices, or at games, both home and away.

Family Physician: _____ Telephone: _____

If parent or legal guardian cannot be reached, call:

Name: _____ Telephone: _____

Relationship: _____

Any allergy or medical conditions that should be brought to our attention. Please include any medication that your child uses regularly:

I, hereby grant permission to Bedford Babe Ruth Baseball/Softball, Inc. to administer first aid, secure proper treatment and/or hospitalize my (son, daughter, ward), in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

Waiver Mandated by the Town of Bedford

I, the undersigned [mother/father/legal guardian] of the above child, a minor, do hereby consent to his/her participation in Bedford Babe Ruth Baseball Softball, and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the above program(s), wherever it occurs, which I may now or hereafter have as the parent of said minor, and also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Bedford Babe Ruth Baseball Softball program.

READ, UNDERSTOOD, ACCEPTED AND AGREED TO:

 Print Parent/Legal Guardian Name

 Signature Parent/Legal Guardian

 Date