



Daniel S. Wasson / Milford Babe Ruth

P.O. Box 3557 Milford, CT. 06460

2009 Baseball Fall League Registration Form

Birth Date: _____ Date: _____

Last Name: _____ First: _____ MI: _____

Street: _____

Phone: _____ League Played in Last Year: _____

Medical Conditions or Allergies: _____

Emergency Phone #: _____ Relation: _____

Shirt Size: Adult SM ___ M ___ L ___ XL ___ XXL ___

Registration Fee: \$160.00

NO REFUNDS after Player is placed on a team

Check # _____ Cash _____ Birth Certificate: Yes _____ NO _____

I, the Parent / Legal Guardian of the above named candidate for a position on a Wasson Babe Ruth Team, give my permission to participate in all Babe Ruth League Activities. I know participation in baseball may result in serious injury. I hereby waive, release, absolve, indemnify and hold harmless the City of Milford, Babe Ruth Baseball Inc. and Daniel S. Wasson / Milford Babe Ruth Baseball for any claim arising out of any injury to my child whether it's the result of negligence or for any other cause except to the extent and in the amount covered by Accident / Liability insurance. I also agree to furnish a certified birth certificate to League Officials before the season begins.

Parent / Guardian Signature: _____

Email Address: _____

(Please Print Clearly)