



# Daniel S. Wasson / Milford Babe Ruth

P.O. Box 3557 Milford, CT. 06460

## 2010 Fall Softball 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: \$150.00

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Birth Certificate: Yes \_\_\_\_\_ NO \_\_\_\_\_

### NO REFUNDS GIVEN AFTER PLAYER IS PLACED ON A TEAM

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)