

Housatonic Valley Senior Babe Ruth League
Registration Form

Sponsor League: Daniel Wasson Babe Ruth League

League Age: _____ Team: _____

First Name Mi Last Name Sex /_____/_____/_____
Date of Birth

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please provide any information concerning allergies or other medical conditions that the team should have in case of emergencies:

Father: _____ Mother: _____
Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

I/We, the Parent(s) or Legal Guardian(s) of the above named, hereby give approval to participate in any and all Babe Ruth League activities.

I/We 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 Housatonic Valley Senior Babe Ruth League, the local Daniel Wasson Babe Ruth League, Babe Ruth League Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/We agree to furnish an original record of the birth of the above named candidate prior to the first regularly scheduled game.

I/We agree to support and assist in any Fund Raising Drive deemed necessary to support the Housatonic Valley Senior Babe Ruth League or the local sponsoring Babe Ruth League.

I/We acknowledge that I/we have read and understand the above.

Parent(s) / Guardian(s) Signature: _____

Date: _____/_____/_____