



**2022
BABE RUTH
BASEBALL LEAGUE REGISTRATION**

AGES 13 – 15

(Please Print)

Name: _____ Age on 4/30/22 _____ Date of Birth _____

P.O. Box _____ Street Address _____ City _____

Home Telephone: _____ Work Telephone: _____ ext. _____

Emergency Contact Person and Telephone number: _____

Does the above named have any Health problems: Yes _____ No _____

If yes, please explain: _____

By signing this document, you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care. You will also allow for your child's coach to give authorization for emergency medical treatment if you cannot be contacted.

Parent Signature: _____ Date: _____

I give CPRD permission to use my child's photograph in promotional displays (initial): _____

If you have not played Babe Ruth in the past, a copy of a LEGAL BIRTH CERTIFICATE will be required.

Registration Fee: \$75.00

A fee of \$100.00 will be billed to each player that fails to return uniform at the conclusion of the season.

Please return completed Babe Ruth registration forms to CPRD Front Desk by April 1st, 2022

OFFICE USE ONLY

Receipt # _____ Amount Received _____ Received by _____

