



**2024  
BABE RUTH  
BASEBALL LEAGUE REGISTRATION**

**AGES 13 – 15**

**(Please Print)**

Name: \_\_\_\_\_ Age on 4/30/24 \_\_\_\_\_ 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: \$50.00**

***\$100.00 deposit required and returned at end of season with uniform return.***

**Please return completed Babe Ruth registration forms to CPRD Front Desk by April 3rd, 2024**

**OFFICE USE ONLY**

Receipt # \_\_\_\_\_ Amount Received \_\_\_\_\_ Received by \_\_\_\_\_