

SANTA FE BABE RUTH CAL RIPKEN BASEBALL

2019 FALL REGISTRATION FORM

www.SFBRbaseball.org

For League Use ONLY

Amt. Paid _____

Check # _____

Mail: P.O. Box 1720 Alachua, FL 32616-1720

Contact: Player Agent (playeragent@santafebaberuth.org)

Release and Indemnification I am the parent or guardian of the child identified below, and I have the authority to enter into this agreement on behalf of my child and on behalf of any parent or guardian of my child. I hereby give approval for my child to participate in the league of Santa Fe Babe Ruth Cal Ripken Inc. I understand the hazards present in league activities, which may result in injury or death of my child, and I hereby assume all risks associated with my child's participation including transportation to and from said league activities. I do hereby completely waive, release, and absolve Santa Fe Babe Ruth Cal Ripken Inc. and any and all league individuals, who include the board of directors, organizers, managers, coaches, sponsors, volunteers, participants, parents, and persons transporting my child to and from said league activities, from all liability for any injuries, death, or damages and from any claim or legal action by me, any other parent or guardian of my child, my child, my child's estate, heirs, or assigns, or anyone on behalf of my child, including any claim based on negligence, and further agree to defend and indemnify and hold harmless Santa Fe Babe Ruth Cal Ripken Inc. or said any and all league individuals from any and all claims arising from my child's participation, except to the extent and in the amount covered by accident or liability insurance. I understand that Santa Fe Babe Ruth Cal Ripken Inc. insurance has a \$100.00 deductible, per child, payable by me.

Hospital Preference _____ Emergency Contact _____

Are there any medical conditions, physical limitations, allergies, etc that your Coach should be aware of? _____

Volunteer Requirements As parent or guardian, I realize that volunteers run this league and I agree to volunteer, to help and do my part in working in concessions when assigned or help when needed.

Terms There is **no refund after uniforms are ordered**. There is a \$30.00 fee for each returned check. There is a \$25.00 late fee after **February 2, 2019**. I understand that my child's position on a team is **not guaranteed** unless this form is signed, birth certificate and fee is paid in full and turned in by February 2nd, 2019.

Please print

Child's Last Name: _____ Child's First Name: _____

Parent/Guardian Name(s) _____

Physical Address, City & Zip _____

Phone (list 2) _____ / _____ Email _____

Date of Birth: ____ / ____ / ____ League Age: _____ (age on May 1, 2019) Requested Division: _____

Child's Height _____ Weight _____ **Child Bats** Left Right **Child Throws** Left Right

Please check one: New Player Returning Player **Previous Baseball Experience** _____

Please check if: Plays on Travel Ball Team Plays Middle School Ball Plays High School Ball

Are there any evenings your child CANNOT practice or play games? _____

Do you grant SFBR, Babe Ruth and Cal Ripken the right to use your child's information, photos, videos, etc in promotional materials, advertising and/or social media? Yes No

Uniform Sizes

Shirt: YXS YS YM YL YXL AS AM AL AXL

Hat: YOUTH ADULT

Pants: YXS YS YM YL YXL AS AM AL AXL

Are you interested in coaching a team as a head coach or assistant coach?

Yes No

Would you be interested in volunteering as a scorekeeper, team parent, field maintenance or fundraising?

Yes No

Would you be interested in serving on a League Committee or League Board?

Yes No

Would you or your company be interested in becoming a League or Team Sponsor?

Yes No

Tball: \$80

Rookie: \$100

Minors: \$100

Majors: \$100

Special Requests _____

I have read this form and I understand, agree and accept the above Release and Indemnification, Volunteer Requirements and Terms.

Signed: _____

Date: _____