

Paid \$ _____ Registration
 \$ _____ Fund Raiser

Check _____

Cash _____



Babe Ruth Baseball

_____ New Player

_____ Returning Player

_____ Previous Yr. Team

CORNING - PAINTED POST AREA BABE RUTH LEAGUE PLAYER REGISTRATION FORM - 2010 FALL SEASON

Age Division : _____ 13-15 Jr. Division _____ 16-18 Sr. Division

Last Name		First Name		Age
Street Address, City, State, Zip		Date of Birth		
Home Phone Number	Player's Email Address			

Parental Consent & Waiver

I, the parent or guardian of the above noted child ("Child"), hereby consents for the Child to participate in the Corning-Painted Post Area Babe Ruth League ("CPPBRL"). I agree to assume all incidental risk, including but not limited to transportation to and from CPPBRL activities. I hereby release, absolve, indemnify and hold harmless, the CPPBRL Board, its officers, sponsors, supervisors, participants, coaches and any person(s) transporting the Child to and from CPPBRL activities, for any claim arising out of an injury to the Child, whether it be the result of negligence or for any cause, except to the extent to the amount covered by CPPBRL accident or liability insurance. The Child had a recent medical examination and is in good health.

 Parent/Guardian Signature

 Date

Participation & Conflicting Activities

While the Corning Painted Post Area Babe Ruth League does not intend to discourage participation in other activities, in consideration of teammates, managers and coaches, the League would prefer that baseball be the Child's primary activity during baseball season. Please indicate below which (if any) sports the Child expects to play, in addition to Babe Ruth Baseball.

Soccer _____ Basketball _____ High School Baseball _____ Other: _____

Parent Contact Information

Father Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Email (print clearly): _____

Mother Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Email (print clearly): _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone Number: _____ **Other Phone:** _____

Use of Photos

From time to time, photos may be taken and possibly used on our website. By signing below you give permission for the Corning Painted Post Babe Ruth us to use any photos in any publications, including local newspapers, websites, etc.

Parent Signature _____ Date _____

Last Name	First Name	Age

Medical Release Form

Note: To be carried by any Regular Season or Tournament Team Manager or Coach

Please list any allergies / medical problems, including those requiring maintenance medication
(i.e. Diabetic, Asthma, Seizure Disorder, etc.)

Medical Condition	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Family Physician: _____ **Phone Number:** _____

Hospital Preference: _____

Insurance Carrier: _____ **Policy Number:** _____

Parent / Guardian Authorization

I/We understand that protective equipment cannot prevent all injuries a player might receive while participating in baseball. In case of an emergency, I/we hereby consent for any emergency medical treatment as approved by the player's manager or other adult escort, in case of illness or injury while participating in any Babe Ruth practice, regular season game, or tournament as well as all related activities. I understand that this action is necessary to prevent undue delay in the treatment that will be given only by licensed physicians in emergency situations. Every effort will be made to notify the parent(s) / guardian(s) as quickly as possible, but immediate treatment will be given to the player.

Print Name: _____

Signature: _____ **Date:** _____

Drug, Tobacco and Alcohol Pledge and Waiver

Participants in the Corning Painted Post Area Babe Ruth League agree not to possess or use illegal drugs, tobacco products (including but not limited to, cigarettes and chewing tobacco) or alcohol at any time. The possession or use of illegal drugs and/or alcohol by any spectator, parent or guardian is also strictly prohibited during any function of the CPPBRL, including practices and games. The parent or legal guardian, and the player, hereby acknowledge and consent that the CPPBRL may take disciplinary action should a violation of this pledge occur.

Parent / Guardian Signature _____ **Date** _____

Player Signature _____ **Date** _____