



REGISTRATION FORM

MAJORS MINORS MACHINE PITCH SOFTBALL T-BALL BUDDY BALL

CHILD/FAMILY INFORMATION

PLEASE PRINT CLEARLY

SHIRT SIZE (CIRCLE ONE) YS YM YL AS AM AL XL 2XL

CHILD'S NAME _____ MALE FEMALE

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CHILD'S DATE OF BIRTH _____

CHILD'S SCHOOL _____

PARENT/GAURDIAN (1)NAME: _____ PHONE: _____

EMAIL: _____

PARENT/GAURDIAN (2)NAME: _____ PHONE: _____

EMAIL: _____

ALTERNATE EMERGENCY CONTACT: _____ PHONE: _____

I WOULD LIKE TO HELP COACH: 

NAME: _____ PHONE: _____

MISCELLANEOUS INFORMATION

MEDICAL INFORMATION: Any allergies, medication, special health needs the league should be aware of:

SPENCER CAL RIPKEN PLAYER REGISTRATION AND MEDICAL RELEASE WAIVER:

I/We, the parents/guardians of the above-named candidate for a position on a Spencer Cal Ripken League team, hereby give my/our approval to participate in any and all local league, Cal Ripken activities.

I/We, know that participation in baseball or softball 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 local baseball league, Spencer Cal Ripken Inc., Cal Ripken Inc., Babe Ruth League, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child weather the result of negligence or for any other cause.

I/We, agree, understand the league will charge a standard registration fee for each child participating in the Spencer Cal Ripken baseball/softball program. This fee in non-refundable.

I/We, understand, acknowledge and consent that my child's photograph, likeness or image may be displayed for advertising purposes without further compensation or notice.

Parent/Guardian signature: _____ Date: _____

To be completed by league official:

Total collected: Pd by ck# _____ Pd by cash: _____ Not Pd: _____