

# Altamonte Springs Babe Ruth Baseball Spring League PLAYER REGISTRATION FORM

D.O.B. \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size (Circle One):    YS    YM    YL    YXL    AS    AM    AL    AXL    A2XL

I, the parent or guardian of the above named registrant for the Altamonte Springs Babe Ruth Baseball League , hereby give my approval to participate in any or all baseball related activities. I assume all risk and hazards incidental to such participants including transportation to and from these activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless Winning Ways Sports Management, the Altamonte Baseball Club, City of Altamonte Springs, Babe Ruth Baseball Inc., the organizers, sponsors, supervisors, participants, spectators, and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by the League accident or liability insurance. I agree to furnish a certified copy of a birth certificate of the above named registrant to League officials upon request.

I agree that registration fees are non-refundable.

\_\_\_\_\_ E-mail 1

\_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ E-mail 2

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE FORM

In the event that emergency medical treatment is necessary for the above named registrant and I am unavailable, I hereby authorize Winning Ways Sports Management, Altamonte Springs Babe Ruth League, it's coaches, or representatives to seek qualified medical assistance and act as a guardian on my child's behalf. I understand that Altamonte Springs Babe Ruth Baseball will make reasonable efforts to inform me of this situation and action at the telephone numbers listed above.

Allergies: \_\_\_\_\_ Date of last Tetanus Shot : \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Signature

### FOR LEAGUE USE ONLY

New Participant: \_\_\_\_\_ Returning Participant: \_\_\_\_\_ Resident:    Yes    No

Birth Certificate Checked: \_\_\_\_\_ League Age: \_\_\_\_\_  
Date & Staff Initials

Division Assigned: \_\_\_\_\_ Total Fee Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Check #: \_\_\_\_\_ Balance: \_\_\_\_\_