Auburn Suburban Baseball & Softball
Babe Ruth & Cal Ripken
Player Registration Form

Player Name: _____

DOB:_____ League age_____ Gender: M F

Street Address: _____

City:_____State:____Zip: _____

Phone:_____Email: _____

Cell Phone: _____

Parent/Guardian #1 Parent/Guardian # 2

Name:_____Name: _____

Phone:_____Phone: _____

Email:_____Email: _____

Cell Phone:_____Cell Phone: _____

Home Phone:_____ Home Phone:_____

Volunteer?: yes no Volunteer?: yes no

Birth Certificate: yes no Proof of Residency: yes no

1. I/We, the parents/guardians of the above named candidate for a position on a Babe Ruth/Cal Ripken Team hereby give my/our approval to participate in any and all Babe Ruth/Cal Ripken activities, including transportation to and from the activities.

2. I/We know that participation in baseball, softball and T-Ball 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 Babe Ruth/Cal Ripken League, Babe Ruth Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and fromactivities from any claim arising out of an injury to my/our ·child whether the result of negligence or for any other cause.

3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when received except for normal wear and tear.

4. I/We agree to furnish a certified birth certificate of the above named candidate to League Officials.

Parent/Guardian Signature: _____

Date: _____