

# Madison Babe Ruth Baseball Association

P.O. BOX 344  
MADISON, AL 35758



**Season: 2002**

**Date:** \_\_\_\_\_

## REGISTRATION FORM

Name (Last, First, MI): _____		Nick Name: _____	
Sex: _____	DoB: _____	Playing Age: _____	Yrs_in_Sport _____
Phone: _____	Address: _____	City: _____	Zip: _____

Father/Guardian: _____	Home Phone: _____	Work Phone: _____	E-mail: _____
Mother/Guardian: _____	Home Phone: _____	Work Phone: _____	E-mail: _____
Other Parent: _____	Home Phone: _____	Work Phone: _____	

Physical Problems/Restrictions: \_\_\_\_\_  Wears Corrective Lens

Medications: \_\_\_\_\_  Wears Contacts

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

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

I/we, the undersigned parent(s) of the participant, do hereby authorize the coaches or team member parents consent to such medical treatment as necessary when acting as recreation supervisor for the participant. In case of emergency I/we hereby authorize treatment or care of registered player at ANY hospital. If there is an emergency and we cannot be reached, please contact the person specified above. I/we hereby give my/our approval for his/her participation in any and all activities during the current season. I/we assume all risks and hazards incidental to such participation including transportation to and from such activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the local recreation department, coaches, the organizers, supervisors, participants and persons transporting my/our child to/from activities for claim rising out of an injury to my/our child, except to the extent covered by accident or liability insurance.

**NO REFUNDS AFTER THE DRAFT!**

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

<p><b>Registration Payment</b></p> <p>Amount Paid: \$ _____</p> <p>CASH or Check# _____</p> <p>Bank _____</p>	<p><b>Uniform Information</b></p> <p>PANT SIZE: (ADULT S, M, L, XL, XXL) _____</p> <p>SHIRT SIZE: (ADULT S, M, L, XL, XXL) _____</p>	<p><b>Misc Information</b></p> <p>RETURN PLAYER TO DRAFT <input type="checkbox"/></p> <p>PARENT WILLING TO COACH <input type="checkbox"/> SCHOOL TEAM <input type="checkbox"/></p> <p>SCHOOL / GRADE _____</p> <p>COMMENTS: _____</p>
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**(League Use Only)**

<p>Birth Certificate on file <input type="checkbox"/></p> <p>Non Madison Resident <input type="checkbox"/></p> <p>Late Registration <input type="checkbox"/></p> <p>City Employee <input type="checkbox"/></p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Division</div> <input type="checkbox"/> Prep 13 <input type="checkbox"/> 14~15 <input type="checkbox"/> 16~18	<p>Player Registration &amp; Draft # _____</p> <p>League Status _____</p> <p>Draft Status _____</p> <p>Return to Team _____</p>
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