



LaGrange Babe Ruth League, Inc.

P.O. Box 307

LaGrange, IL 60525

www.lagrangebaberuth.com



2012 REGISTRATION FORM

(Please Print)

PLAYER'S NAME (Last) (First) (Initial)

ADDRESS (Street Address) (City) (Zip)

Telephone Birth date Email

Father's Name Mother's Name

Father's Occupation Mother's Occupation

Last Season Experience (League, Level, Positions, All Star, etc.) Yes, I want to forfeit my Concession Money

I, parent or guardian of the above named candidate for a position on a Babe Ruth League Baseball team, hereby gives approval to their participation in any and all league activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, Babe Ruth Baseball, the organizers, sponsors, supervisors, participants and persons transporting the above named player to and from activities, from any claim arising out of an injury to the above named player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to the managing personnel or other league representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above named player become ill or injured while participating in league activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. I agree to allow my child to participate on his/her designated team and to return, upon request, uniforms and equipment issued in as good condition as when received, except for normal wear and tear.

Signature of Parent or Guardian Date

Player: I hereby commit to play for my team, attending both practices and games. I understand that school comes first, but that my team is counting on me. If I cannot make a game or practice I understand its my responsibility to notify the manager, and that he does not have to play me if I do not call him, or show up on time.

Signature of Player Date

Amount Paid Date Officer Initial

Parents: Please circle area in which you would be able to assist. BOARD MEMBER (Misc. Positions), TEAM SPONSOR, WEEKEND GROUNDS, MANAGER, COACH, TOURNAMENT ANNOUNCER or SCOREKEEPER, or TEAM MOM.

If you know anyone 16 yrs. Old & Up who would like to earn \$8.00 Hr. working for the parents who forfeit their concession time please fill in name & phone and contact Babe Ruth at 354.8730:

PAID WORKER IN CONCESSION STAND

Note to Parents, we need your HELP: Funds to support the LaGrange Babe Ruth League Baseball activities are derived from the following sources: Registrations, Concessions, Sponsors, and our Fundraisers. It is mandatory that a parent or guardian work 3 hrs. in the concession stand or forfeit their concession deposit. If you or someone you know are interested in sponsoring a team or helping in any way, please circle an area above and add information as necessary. Thanks!!!!