

Please Print All Information

Maple Shade Babe Ruth

Registration Information

www.msbr.org

Players Name:		
Date of Birth:	League Age:	(Age on April 30, 2021)
Address:	City, State & Zip:	
E-Mail Address:		
Primary Contact #:	Is Primary # Text enabled?	<input type="radio"/> Yes <input type="radio"/> No
2020 team:	Shirt Size:	Pant Size:

Mom's Name:	Phone #:	Text enabled: <input type="radio"/> Yes <input type="radio"/> No
Dad's Name:	Phone #:	Text enabled: <input type="radio"/> Yes <input type="radio"/> No

My son / daughter has the following known medical conditions that the coach should be aware of:

Additional Comments:

NOTE TO PARENTS ABOUT SIBLINGS

It is the policy of the Maple Shade Babe Ruth to place brothers/sisters on the same team. If you are registering siblings and Do Not want them on the same team, please indicate so by initialing here. → ()

My son/daughter has the following Medical Conditions that the coach should be aware of: _____

I the undersigned parent of the above named registrant for participation in the Maple Shade Babe Ruth hereby give my approval to his/her participation in any and all Babe Ruth activities during the current season. We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the local Babe Ruth organization, Babe Ruth Inc., the organizers, sponsors, supervisors, participants and person transporting our son/daughter to and from activities, for any claim arising out of an injury to our son/daughter, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also understand that our family will be REQUIRED to provide an Adult to work the refreshment stand at different times during the season

Parent/Guardian Signature: **Date:**

FOR LEAGUE USE ONLY

Please Do Not Write in this Area

<input type="checkbox"/> Returnee	<input type="checkbox"/> Draft	<input type="checkbox"/> Received Social Voucher
Type of Registration - <input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Registration Fee: \$ _____ Amount Paid: \$ _____	<input type="checkbox"/> Not Paid	<input type="radio"/> Paid by check #: _____ <input type="radio"/> Cash
Registered By: _____ Date: ___/___/___	League Age: _____	<input type="radio"/> Checked Birth Certificate