



2008 Registration Form

Goffstown Babe Ruth • P.O. Box 222 • Goffstown, NH 03045

Playing Fee \$150.00

Registration and payment must be received by 2/15/08 *** time sensitive ***

Player Information _____

Name _____

Address _____

City/Zip Code _____

Phone _____

Date of Birth _____

Male Female

Age as of 4/30/08 _____

League: 13/14 15/16

Size Shirt: _____

**NEW PLAYERS TO THE LEAGUE
MUST PROVIDE A COPY OF
THEIR BIRTH CERTIFICATE**

Parent/Guardian Information _____

Father's Name _____ bus. phone _____ cell phone _____ email _____

Mother's Name _____ bus. phone _____ cell phone _____ email _____

Emergency Contact _____ phone _____

Doctor's Name _____ phone _____

Dentist's Name _____ phone _____

I, the parent/guardian of the above named candidate for a position on a Babe Ruth League team, hereby give my approval to participate in any and all Babe Ruth League activities, including transportation to and from the activities. I know that participation in baseball 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 Goffstown Babe Ruth, Babe Ruth, Inc., the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or any other cause. I agree to return, upon request, the uniform and other equipment issued to my child in as good a condition as when received, except for normal wear and tear. I will furnish a certified birth certificate for the above named candidate to League officials on request.

Signature _____ Date _____

Consent For Medical Treatment _____

In case of emergency, if the family physician or dentist cannot be reached, I hereby authorize the above-named player to be treated by another qualified, licensed physician or dentist who is available.

Signature _____

List any medical problems or prohibition player has:

Parents may list any special concerns:

Parental Support/Assistance

- Team Manager Fund Raising
- Team Coach Sponsor
- Team Parent Maintenance
- Umpire Committee Member
- Concession Manager (assist w/managing/cooking)

Team & League played for last year. _____

Do you have a sibling in the program? _____