LEAGUE AGE_____ PREVIOUS TEAM_____

PAID_____

MYSTIC BABE RUTH BASEBALL INC.
MYSTIC , CONNECTICUT

2016 13-15 YEAR OLD APPLICATION

_____ _____
FIRST NAME LAST NAME DATE OF BIRTH

_____ _____
STREET ADDRESS CITY OR TOWN ZIP PHONE #

_____
E-MAIL ADDRESS

Having been informed of the Mystic Babe Ruth Baseball League, I/we the parents of the above named applicant freely give approval to his/her participation in any and all of the activities during the current season. I/we do assume all the risks and hazards incidental to the activities, transportation to and from activites, and I/we do further release, absolve, indemnify, and hold harmless the Mystic Babe Ruth league, Inc. , the organizers, sponsors, and supervisors, any or all of them, in case of injury to my/or son or daughter. I/we hereby waive all claims against organizers, or the sponsors, or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our son or daughter to or from activities.

My son/daughter is now _____ years old. Date signed:_____

I/we will help where possible as:

_____Manager _____Coach _____Scorekeeper _____Board of directors _____Donate for league expenses

_____Work Crews _____Sponsor with Pfizer Gift

Must be signed by a parent or legal guardian:

_____ _____ _____
Father Mother Legal Guardian

Notes:
1. Any applicant born prior to 5/1/2003 and on or after 5/1/2000 will be eligible for Babe Ruth competition in 2016.
2. A copy of the applicants birth certificate must be furnished when registering, unless the applicant has previously played in this league.
3. Total due at registration is $150.00, for both Spring and Regular Season, or $125 for just the Regular Season
4. Please make checks payable to Mystic Babe Ruth and mail them to P.O. Box 183, Mystic, CT 06355