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|---|--|
| For League Use Only: | <input type="checkbox"/> Insurance Purchased |
| <input type="checkbox"/> Check No. _____ | <input type="checkbox"/> Cash Amount _____ |
| Minor / Major Manager _____ | |
| Age Verified: Yes _____ No _____ Player Card Issued: Date _____ | |

Make checks out to Wakulla Cal Ripken League

SECTION 1 – GENERAL INFORMATION:

Player's Last Name _____ First Name _____ Date of Birth _____ Gender _____
Father's Name _____ Mother's Name _____
E-Mail _____
Address _____ City _____ Zip Code _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

| | | |
|-------------------------------|-----------------------|---------------------------|
| Baseball Shirt Size: (circle) | Youth XS S M L | Adult S M L XL XXL |
| Pant Size: (circle) | Youth XS S M L | Adult S M L XL XXL |
| Cap Size (circle) | Youth XS S M L | Adult S M L XL XXL |

SECTION 2 – EMERGENCY CONTACT INFORMATION:

Who should we contact in an emergency?
Name _____ HomePhone _____ Work _____ Cell _____
Allergies (Medication): _____ Immunizations current? YES/NO _____
Father/Mother/Guardian Signature _____ Date _____
Insurance: THIS IS OPTIONAL. Please check one of the following:
____ I DO want my child covered by the special accident insurance policy at a cost of \$7.50 per player.
____ I DO NOT want my child covered by this policy.
My policy is: Insurance Company Name _____ Insurance Policy Number _____

SECTION 3 – SPECIAL REQUESTS INCLUDING PLAYING OUTSIDE OF AGE APPROPRIATE DIVISION:

Due to our draft policy, we can not guarantee any requests. All requests are subject to board approval:

I/We understand that for our child to be considered for play in a division other than his/her appropriate division, he/she must attend skill assessments in both divisions and may not be drafted into the division requested. Initials: _____

SECTION 4 – VOLUNTEER/SPONSORSHIP INFORMATION:

Would you/your company be interested in becoming a League Sponsor? YES /NO
Contact Name _____ Phone # _____
Would you be willing and interested in serving on a League Committee? YES/NO
Contact Name _____ Phone # _____

SECTION 5 - TERMS AGREEMENT: I/We, the parent, or guardian(s) of the above named registrant for Wakulla Cal Ripken League, hereby give my/our approval to participate in any or all Cal Ripken League activities. I/We assume all risk and hazards incidental to such participants including transportation to and from these activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Wakulla Cal Ripken League, Babe Ruth Baseball, Inc., Wakulla County Parks & Rec. Dept., Wakulla County Board of County Commissioners, the organizers, sponsors, supervisors, participants, spectators, and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount of covered by the League accident or liability insurance. I/We agree that any and all information on this registration form may be used by Wakulla Cal Ripken League on their internet website for administrative purposes. I/We agree there will be NO REFUNDS under any circumstances after uniforms have been ordered for the registrant. Any refund will be subject to a \$10.00 administration fee. Return check fee is \$25.00.

SECTION 6 – CODE OF CONDUCT: I hereby pledge to provide positive support, care, and encouragement for my child by following this Parents' Code of Ethics. (1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event. (2) I will place the emotional and physical well being of my child ahead of a personal desire to win. (3) I will insist that my child play in a safe and healthy environment. (4) I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all. (5) I will demand a sports environment for my child that is free of tobacco, drugs, and alcohol, and will refrain from their use at all youth sports events. (6) I will remember that the game is for youth – not for adults (7) I will do my very best to make youth sports fun for my child. (8) I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

SECTION 7 – EQUIPMENT: All Players will be required to furnish their own equipment; (baseball bat, baseball glove and batters helmet). Only Babe Ruth League Inc. / Cal Ripken Division approved bats will be allowed during all Cal Ripken activities including practice and games. For information on listing of licensed baseball bats with approved models visit www.baberuthleague.org.

Parent or Guardian SIGNATURE: _____ DATE _____

Please print your name here: _____