



Ridgefield Babe Ruth Softball Player Registration Form

Name of Player _____

Phone (home) _____ Guardian(s) Phone (cell) _____

Guardian(s) _____ Street Address: _____

City/State/Zip _____ Guardian Email _____

Emergency Contact _____ Phone # _____

Medical Insurance Co & Number _____

Doctor's Name & Phone Number _____

Player Email _____ School _____

Level 10U _____ 12U _____ 14U _____ 16U _____ Grade: _____ Date of Birth ____/____/____

Uniform Size: Please check correct sizes for all three items.

Shirt

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

Shorts/Pants

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

Socks

- Youth
- Intermediate
- Adult

Uniform Number: Please provide 3 choices _____

Allergy Information: _____

Comments: _____

Return completed form to:
Bill Coghlan
Ridgefield Babe Ruth Softball
21 Aspen Mill Road
Ridgefield, CT 06877

Participation entails approximately playing time with a 3 – 4 times per week commitment during the months of April through July. I understand this participation commitment and my child will be able to meet the time requirement. I further agree we will abide by the rules of Ridgefield Babe Ruth Softball. I hereby give permission for my child to participate in all activities including transportation, sponsored, organized or directed by Ridgefield Babe Ruth Softball. I understand that Ridgefield Babe Ruth Softball will provide medical and liability insurance in case of personal injury. I hereby release, discharge and/or otherwise indemnify Ridgefield Babe Ruth Softball including but not limited to its officers, employees (if any) and volunteers in addition to the owners of any facilities utilized for the program against all claims by or on behalf of my child as a result of my child's participation in the programs and/or being transported to or from the same.

Medical Treatment: As the legal guardian of the player named on this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

Guardian Signature: _____ Date: _____