

Baseball Player Registration Form

Amount Paid: _____

Player # _____

Check #: _____

Division _____

Babe Ruth: (5/1/1994- 4/30/1997 13-15 yrs) - ***\$80.00***

Legion: (Born After Jan 1, 1991) - ***\$160.00***

PLEASE FILL OUT THE INFORMATION BELOW, CLEARLY AND COMPLETELY:

PLAYERS NAME: _____ BIRTHDATE: _____ / _____ / _____
(Last) (First) (M) (D) (Y)

MAILING ADDRESS: _____
(Street) (City) (Zip Code)

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____ SCHOOL GRADE: _____

I HERBY CERTIFY THAT: I am the parent or legal guardian of the above-named player who wishes to participate in organized baseball under the auspices of the Hazen Park Board and/or Cal Ripken, Babe Ruth or American Legion Baseball.

I understand that baseball can be a hazardous activity, which may subject participants to serious injury. Nevertheless I, on behalf of my son or ward, myself and my spouse, herby agree to assume all risk to which my son may be exposed due to his activities and participation, directly or indirectly, in connection with the Hazen Baseball Program. I specifically release, absolve, indemnify and hold harmless the Hazen Baseball League, the Hazen Park Board, and all officers, directors, sponsors, organizers, managers, coaches, supervisors, employees and volunteers thereof from any liability resulting therefrom.

PARENT SIGNATURE: _____ DATE: _____