

BLOOMFIELD BABE RUTH LEAGUE

PO Box 1096, Bloomfield, NJ 07003 - (973) 743-4440
www.bloomfieldbaberuth.com / bloomfieldbaberuth@yahoo.com

PROFILE & REGISTRATION

- In-Town Player Out-of-Town Player
 New Player Returning Player

PLAYER'S INFORMATION	
NAME	
AGE	
As of April 30 of the current year	

Based on Age as of April 30 of the current year – Please Check One		
Junior Division	13 – 15 years old	
Senior Division	16 – 18 years old	
As of April 30 of the current year		

Shirt Size – Please Circle One				
Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large

Do Not Write In This Area – For League Use Only.

Copy of Birth Certificate: _____ Photo: _____ Documents Signed: _____

Registration Number: _____

Payment made by: Check # _____ Cash \$ _____

Registration processed by: _____ Date: _____

BLOOMFIELD BABE RUTH LEAGUE

PO Box 1096, Bloomfield, NJ 07003 - (973) 743-4440
www.bloomfieldbaberuth.com / bloomfieldbaberuth@yahoo.com

IN TOWN PLAYER REGISTRATION FORM

PLAYER'S INFORMATION

Name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Email: _____

Date of Birth: _____ School: _____

PARENT / GUARDIAN'S INFORMATION

Parent / Guardian #1 (Circle One)

Name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Email: _____

Parent / Guardian #2 (Circle One)

Name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Email: _____

Registration fee for In-Town player is \$125.00
Registration fee for Out-of-Town player is \$150.00

Registration fee includes: Uniform Shirt, Socks & Hat.
Parents are responsible for all transportation requirements.
Player is responsible for supplying:
Belt, Mitt, Wooden Bat, Batting Gloves, Bat Bag, & Baseball Cleats.

Name of Parent/Guardian: _____

Signature: _____

Date: _____

BLOOMFIELD BABE RUTH LEAGUE

PO Box 1096, Bloomfield, NJ 07003 - (973) 743-4440
www.bloomfieldbaberuth.com / bloomfieldbaberuth@yahoo.com

Medical Release Form

Note: To be carried by any regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player's Name: _____ Date of Birth: _____

Family Physician: _____ Office Number: _____

Hospital Preference: _____

Insurance Carrier: _____

I.D. Number (NOT GROUP #): _____

In Case of Emergency Contact: (Other than parents)

Name: _____

Home Phone #: _____ Cell Phone #: _____

Relationship to Player: _____

Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder, etc.) Use back of form if more space required.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

In the event reasonable attempts to contact the parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Doctor or (2) preferred Dentists or in the event designated Doctor or Dentist is not available, by another licensed Doctor or Dentist; and (3) the transfer of the child to preferred hospital or any hospital reasonably accessible. Note: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentist, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Authorized Parent/Guardian:

Name: _____

Signature: _____ Date: _____

BLOOMFIELD BABE RUTH LEAGUE

PO Box 1096, Bloomfield, NJ 07003 - (973) 743-4440
www.bloomfieldbaberuth.com / bloomfieldbaberuth@yahoo.com

PARTICIPATION AGREEMENT

Applicant Name: _____
(Player)

PARENT/GUARDIAN MUST SIGN:

As parent or legal guardian of the above applicant; I acknowledge and fully understand that the above applicant will be engaging in activities that may involve risk of serious injury, including permanent disability or death. I assume all of the forgoing risks and accept personal responsibility for any injury, disability or death. I represent that the above applicant is qualified, in good health and in proper physical condition to participate in the organized **BLOOMFIELD BABE RUTH LEAGUE**. I authorize **BLOOMFIELD BABE RUTH LEAGUE** to request medical treatment as necessary to ensure the well-being of the applicant without legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations. I/We the undersigned, for ourselves, or heirs, executors and administrators, waiver and release covenants not to sue and forever discharge **BLOOMFIELD BABE RUTH LEAGUE**, officers, agents, staff, instructors, trainers, coaches, representatives, employees, volunteers, successors, owners and lesser/lessees of the premises used to conduct the event or activity and assigns of any and all claims for damages to person or property which may be sustained or occur during participation in activities, to or from program whether paid damages, injury or loss are due to negligence or not.

I have read the above and registration form and hereby give my permission for my child to participate in the **BLOOMFIELD BABE RUTH LEAGUE** program.

Parent/Guardian:

Name: _____

Signature: _____ Date: _____