

Gateway Babe Ruth Baseball League

P.O. Box 564

Marion, MA 02738

REGISTRATION

www.GatewayBabeRuth.org

SUMMER BASEBALL

Name _____ Current Age _____ Age on May 1st, 2010 _____

Birth Date _____ Grade/Fall 2010 _____ School _____

Address _____

Town _____, Zip Code _____

Phone #'s (H) _____ (Cell) _____

Parent Email _____

Did your child play in Gateway's Spring/Summer League (Yes) (No)

If "Yes", which team(s)? _____

Does your child have insurance coverage? (Yes) (No)

If "Yes", Insurance Company & Policy Number _____

Please Circle One: Adult Shirt S M L XL

Please make Registration Fee of \$60 payable to: Gateway Babe Ruth Baseball.

DEADLINE for registration is JULY 21st.

\$60 Fee MUST accompany this completed registration form to guarantee placement on a team.

IF NEW TO GATEWAY BABE RUTH, PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE.

**Gateway Babe Ruth League, Inc.
INFORMED CONSENT AND RELEASE FORM**

My child, _____ and I are aware that participation in baseball is a potentially hazardous activity. We assume all risks associated with participation in the sport, including, but not limited to: falls, contact with other players, being struck by the ball or bat and other reasonable risk conditions associated with baseball. All such risks to my child are known and understood by me. We agree to abide by the rules of the league and acknowledge the right of the league to exclude the player and/or his parents from games for violation of these rules.

I, the undersigned, being parent or guardian of said child, do hereby release and forever discharge the said Gateway Babe Ruth Baseball League Inc., its officers, managers, coaches and staff, Rochester Baseball, Wareham Baseball, Carver Baseball, Marion and Mattapoisett Recreation Departments, the Towns of Carver, Marion, Mattapoisett, Rochester and Wareham, their officials, agents, Boards of Directors, officers, representatives, successors, and demands for and upon, or by any reasons of damage, loss, injury or suffering sustained by my child as a result of any aspect of a baseball activity or practice in which said child shall participate.

I certify that my child is in good health and may participate in physical activities associated with Gateway Babe Ruth League, Inc.'s practices and games without limitation(s). The staff, managers or coaches of gateway Babe Ruth League, Inc. have my permission to arrange for and provide medical care in the event my child is injured.

Signed (Parent/Legal Guardian) _____ DATE _____