Southern Douglas County Babe Ruth
Player Registration Form

Name of Player: _____ Date of Birth: _____

Player Age (Today): _____ AS OF APRIL 30th (Current Year): _____ Current Grade: _____

Address: _____ _____ _____
(Street) (City) (Zip Code)

School Currently Attending: _____

Parent #1: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____ Work Phone: _____
(If different than above)

Parent #2: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____ Work Phone: _____
(If different than above)

Note: Should there be a custody issue between parents, it is the duty of the custodial parent to notify SDCBR of the situation and any special circumstances that the parent area must be aware of (I.E. Restraining Orders). Failure to do so may disqualify the parent/player from future participation with SDCBR.

Previous Baseball Experience: _____

CONSENT FOR TREATMENT

Family Physician: _____ Phone: _____

List of Any Allergies: _____

Required Medication: _____

Family Insurance: _____ Policy #: _____

League Insurance: League Accident and Liability insurance is carried through K & K Insurance, Inc.

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate medical care. Parents will be notified in case of serious illness as quickly as they can be reached, but this makes treatment possible. Furthermore, I consent to the above listed players image to appear in print, web and broadcast media with no expectation of compensation.

DATE: _____ SIGNATURE: _____
(Parent or Guardian)

PLAYER #: _____

Address Verified: ___
Age Verified: _____

Fill all information in completely.