

Wakulla Babe Ruth League/  
 Wakulla County Parks and Recreation  
**BASEBALL SPRING REGISTRATION FORM**  
 Baseball Registration Fee - <sup>\$</sup>125

For League Use Only: Check Number: \_\_\_\_\_  
 Cash: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Manager: \_\_\_\_\_  
 Age Verified: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Player Card Issued (Date): \_\_\_\_\_

**SECTION 1 - GENERAL INFORMATION:**

(Make checks out to Wakulla Babe Ruth League)

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Father's Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Baseball Shirt Size: (circle) Youth XS S M L Adult S M L XL XXL  
 Cap Size (circle) Youth XS S M L Adult S M L XL XXL

**SECTION 2 - EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Allergies (Medication): \_\_\_\_\_ Immunizations current? YES/NO  
 Father/Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Insurance: THIS IS OPTIONAL. Please check one of the following:  
 I DO want my child covered by the special accident insurance policy at a cost of \$15.00 per player.  
 I DO NOT want my child covered by this policy.  
 My policy is: INSURANCE COMPANY NAME \_\_\_\_\_ INSURANCE POLICY NUMBER \_\_\_\_\_

**SECTION 3 - SPECIAL REQUESTS INCLUDING PLAYING OUTSIDE OF AGE APPROPRIATE DIVISION:**

Due to our draft policy, we can not guarantee any requests. All requests are subject to board approval:

List any prior coach's name that you DO NOT want your child playing under: \_\_\_\_\_

**SECTION 4 - AUTHORIZATION:**

- 1) There is a non-refundable <sup>125</sup>\$15.00 registration fee. This fee covers insurance, uniform, recreation park user fee and the minimal equipment. I understand that my child's uniform will not be ordered until the registration fee is paid in full.
- 2) I authorize my child to participate in the WAKULLA BABE RUTH LEAGUE Program.
- 3) I authorize my child's coach or league representative to seek emergency medical assistance for my child in the case of an injury or illness that occurs in my absence.
- 4) Players must show an original birth certificate or Babe Ruth card before the child will be eligible to play.
- 5) I understand that there will be fundraisers, such as opening day celebration/cookout, concessions, banner sales, etc. and agree to give my time and support to volunteer and help fund this league.
- 6) I agree that myself, my family and my child will adhere to all rules, regulations, terms, conditions and bylaws as set forth by the Wakulla Babe Ruth League and as indicated by the Babe Ruth National Organization, with specificity to proper conduct and acceptable behavior both on and off the field. I further understand that my child will be provided with a league uniform and this uniform is the standard dress code required for all games. Failure to dress in appropriate uniform may result in removal from game play.
- 7) I agree, by signing below, to release and waive all claims, except for the willful and wanton acts, against the Wakulla Babe Ruth League, Offices, Coaches, Assistant Coaches, Sponsors and the Wakulla County Recreation Department.

Parent or Guardian SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please print your name here: \_\_\_\_\_