

2010 Season Bow Babe Ruth Softball Registration

For more info: email bowsoftball@comcast.net or call Rick Ladd at 715-2857

Parental Information

Mother's Name: _____

Work Phone:

Father's Name: _____

Work Phone:

Email Address

Home Street Address: _____

Home Phone:

Parental Permission

I hereby give my consent for _____ (print full name) to participate in BABE RUTH SOFTBALL. I understand and agree that the Bow Babe Ruth Softball, Bow Athletic Club AND/OR Bow Little League are not responsible or liable for any injury or expense incurred as a result of participation in the Softball Program. I do hereby waive, release, absolve indemnify and agree to hold harmless the organizers, sponsors, supervisors and participants from any claim arising out of any injury to my child as a result of participation in the Softball program. In case of accident or serious illness, I request the coach to contact me. I hereby give authorization that my child be transported to the nearest medical facility for treatment as needed.

(Be sure to fill out the back of this form).

Parent/Guardian Signature _____

Player Information

Name (Please Print)

First: _____ Last: _____

Grade: _____

DOB:

Age: (See Below) _____

Babe Ruth Softball Age : as of December 31, 2009

Please Select

- Babe Ruth SOFTBALL
- | | |
|---|---|
| <input type="checkbox"/> U8 (8 or under as of Dec 31) | <input type="checkbox"/> *U14 (14 or under as of Dec 31) |
| <input type="checkbox"/> U10 (10 or under as of Dec 31) | <input type="checkbox"/> *U16 (16 or under as of Dec 31) |
| <input type="checkbox"/> U12 (12 or under as of Dec 31) | <input type="checkbox"/> YES! I Will Be Able To Coach Or Umpire.
Please Contact Me (Any Level) |

* U14 & U16 softball is pending sufficient registration numbers. Registration fees will only be refunded for any U14 or U16 player who makes the BMS Softball team and no longer wishes to play Babe Ruth softball.

NONREFUNDABLE FEE: U10 & U12: \$75/Player- \$125 Max/Family

NONREFUNDABLE FEE: U8: \$50/Player- \$85 Max/Family

Check Payable to: Bow Athletic Club - Fee Scholarships are available for those in need.

**Registrations received after Feb 20, 2009 subject to \$20 late fee
and player may be placed on a waiting list**

Bow babe Ruth Softball players must submit a copy of their Birth Certificate. This copy will not be returned so please make sure to provide only a copy. Babe Ruth Softball players will be required to attend a Skills Assessment prior to team assignment. Players will be notified of the schedule for these evaluations in mid to late February.

Bow Babe Ruth Softball Registration 2010 Season Player Health Information

To be completed by Parent or Guardian

Player Name: _____

	YES	NO
Has had injuries requiring medical attention (includes treatment for head or brain injury, unconsciousness, sprains of any joints, broken bones, serious eye trouble and kidney injuries).		
Has had an illness lasting more than a week (includes history of heart condition or heart disease, rheumatic fever, mononucleosis, epilepsy, diabetes, etc)		
Has any allergies that Little League need to be aware of (insects, medications, pollen, etc)		
Is under a physician's care at this time		
Takes medication on a regular basis		
Please specify type of medication taken:		
Please circle as appropriate: Wears glasses / Wears Contact Lenses		
Has been in the hospital (other than for tonsillectomy)		
Has any special health problems		
Has any missing or non-functional organs		

Medical Contact Information:

Please explain all "Yes" answers: _____

In case of accident or illness, I request that the coach contact me. I hereby authorize that my child be transported to the nearest medical facility for treatment as needed, unless otherwise specified.

Signature of Parent or Guardian

Completed form with check payable to Bow Athletic Club and COPY of birth certificate can be mailed to the address below:



**Bow Babe Ruth Softball
6 Pepin Drive
Bow, NH 03304**