

2010 BABE RUTH BASEBALL REGISTRATION FORM

North Berwick Parks and Recreation \$40.00 Per Player

General Information:

Participant Name _____ Shirt Size (youth or adult) _____

Parent/Guardian Name (s) _____

Mailing Address _____

E-mail Address _____

** E-mail is a very efficient way to get you up-to-date information on the game and practice schedule. Your e-mail address will not be used for any other purpose and will not be shared.**

Telephone Numbers: Home: () _____ Work: () _____

Age _____ Grade _____ Date of Birth _____ Cell: () _____

Special Requests: _____

Medical Information:

Physician's Name and Phone #: _____

Any known allergies to medications? Yes No

If yes, please list medications _____

Date of last complete physical exam _____

Are there any medical conditions which you feel the coach should be aware of? (for example, previously broken bones, asthma, allergies, etc.)

Please list: _____

Is player on any medications? Please list. _____

Emergency Information: (To be completed by Parent or Legal Guardian)

Please give the name and telephone number of a person, other than yourself, to contact if we are unable to reach you in case of an emergency.

Name _____

Telephone () _____ Relationship _____

I give my permission for the above-named child to participate in this program and state that he/she is in proper physical condition to participate in this activity. I give my consent for my child to receive any first-aid and/or emergency medical treatment that may be necessary. I authorize medical/dental care prescribed by an attending physician/dentist, under whatever conditions may be necessary and prudent to preserve the life, limb and/or well being of the above-named child. I understand that the Town of North Berwick, its employees, agents, coaches and volunteers are not liable for injury sustained as a result of participation in this program or for damage to or loss of personal property.

Signature of Parent/Guardian _____ Date: _____

Please Print Full Name _____

Registration Fee Paid: _____ Cash Check Received by: _____

Please make checks to: Town of North Berwick

