Rhode Island Cal Ripken League

2026 Coventry Cal Ripken Baseball

Fee: $100

Player Name:_____ Date of Birth: ____ ____ _____
First Last Month Day Year

Mailing Address:_____ _____ _____ (____) _____
Street Town Zip Code Phone

Email:_____

I/we the parents of the above named candidate for a position on the Coventry Cal Ripken League team of RI, hereby give my/our approval to participate in any and all Cal Ripken activities. I/we assume all risks and hazards incidental to such participation including transportation to and from those activities. I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Coventry Cal Ripken and Board, R.I. Cal Ripken Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to from activities, for any claim out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accidental and liability insurance. I understand that I/we are responsible for returning any equipment distributed by the league.

Parent(s) Name: _____ Telephone: _____

Parent(s) Signature: _____ Date: _____

Registration Fee Agreement

$200- Includes, if selected for a team, the above named candidate in any and all regular season activities. The player will attend any fund raising events if required. I understand and agree to the terms of the registration

Parent(s) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Total Fee: $_____ Ck#_____ Attested by:_____

Team info available at www.cbrl.org