Coventry Babe Ruth League

www.coventrybaberuth.org

2020 Fall Ball Sign-ups

Fee: $100

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

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

Email:_____

Positions played: Pitcher_____% Catcher_____ % 1b_____% 2b_____% SS____% 3b_____% Outfield_____%
All-stars: Yes or NO

I/we the parents of the above named candidate for a position on a Coventry Babe Ruth League team, hereby give my/our approval to participate in any and all Babe Ruth 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 Babe Ruth League and Board, Babe Ruth Baseball, Inc., 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: _____

Volunteer: Please state if you are interested in volunteering for a position within CBRL(circle):
Manager* Coach* Administration* Team Parent Maintenance Fundraising Equipment Tryouts Events
Concession Media Field Day
*Will have to become a league member to fulfill these roles

DO NOT WRITE BELOW THIS LINE

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

Birth Cert: Y ___ N ___ (If New to League)

Fall Division (13-15 yr) _____