

# 2019 Player Registration Form

\_\_\_\_\_ **Babe Ruth:** (5/1/2003- 4/30/2006 13-15 yrs) - **\$100.00**

\_\_\_\_\_ **Legion:** (1/1/2000-4/30/2003) - **\$200.00**

PLEASE FILL OUT THE INFORMATION BELOW, CLEARLY AND COMPLETELY:

PLAYERS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (M) (D) (Y)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip Code)

GUARDIAN 1: \_\_\_\_\_ GUARDIAN 2: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL 1: \_\_\_\_\_ CELL 2: \_\_\_\_\_

E-MAIL 1: \_\_\_\_\_

EMAIL 2: \_\_\_\_\_

CURRENT SCHOOL GRADE: \_\_\_\_\_

I HERBY CERTIFY THAT: I am the parent or legal guardian of the above-named player who wishes to participate in organized baseball under the auspices of the Hazen Park Board and/or Cal Ripken, Babe Ruth or American Legion Baseball.

I understand that baseball can be a hazardous activity, which may subject participants to serious injury. Nevertheless I, on behalf of my son or ward, myself and my spouse, herby agree to assume all risk to which my son may be exposed due to his activities and participation, directly or indirectly, in connection with the Hazen Baseball Program. I specifically release, absolve, indemnify and hold harmless the Hazen Baseball League, the Hazen Park Board, and all officers, directors, sponsors, organizers, managers, coaches, supervisors, employees and volunteers thereof from any liability resulting therefrom.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Player # \_\_\_\_\_