

**ARLINGTON SENIOR BABE RUTH REGISTRATION FORM
FALL 2009 13-18 YEAR OLDS**

See our web page: www.eteamz.com/arlingtonseniorbaberuth

Name: _____ Date of Birth: ____/____/____

Address: _____ Apartment #: _____ Zip Code: _____

Phone Number: () _____ Email: _____

Parents' Names: _____ School: _____

Do you play high school ball?: _____ What positions do you play?: _____

Are there players with whom you want to be on the same team? (Please keep this list short. We will **try** to accommodate requests.): _____

Are your parents willing to help Senior Babe Ruth Baseball in a volunteer capacity? Yes: _____ No: _____

Coach: _____ Support Coach with team management needs: _____ Other: _____

To Register – Do ONE of the following:

- **Mail this Registration Form, the Consent for Treatment Form, and a check for \$50* to:**

Arlington Senior Babe Ruth Baseball
P.O. Box 50113
Arlington, VA 22205
- **Bring the Registration Form, the Consent for Treatment Form, and a Check for \$50* to one of the clinics on September 12th or 13th**
- **Register and pay online at www.eteamz.com/arlingtonseniorbaberuth**

Teams will be formed the week of September 14. Don't be left out!

In order to ensure that every child has the chance to participate, Senior Babe Ruth strives to keep its registration fees affordable. As a result, the registration fees do not cover the cost of running the program, and the league depends on sponsorships and donations to cover the balance.

I have enclosed an additional donation of \$_____ to assist in defraying league costs.

I am (or my business or company is) interested in learning about sponsoring a team or a league _____.

*Financial assistance is available to cover the registration fee if needed. Simply attached a brief statement of need signed by a parent or guardian to the registration form.

PLEASE COMPLETE ALL SECTIONS OF CONSENT FOR TREATMENT FORM ON REVERSE.

Arlington Senior Babe Ruth Baseball Consent for Treatment & Waiver Form

Each player must complete and have signed before playing.

Name of Player _____ Player's age _____

Home Address _____ City _____ State _____

Parent(s) or Guardian(s) Name(s) _____

Home Phone () _____

Work Phone Mother () _____ Father () _____

Family Physician _____ Phone () _____

Health Insurance Co. _____

Policy/Group Number _____

Is your child allergic to any medications? If so list: _____

Other allergies (bee stings, poison ivy, peanuts, etc.) _____

Required Medication _____

Name of League Arlington Senior Babe Ruth Baseball

League Accident Ins Co. Nationwide Life Insurance Co. through K&K Insurance Group, Inc.

League Accident Policy No. SPP 0003072200

In case of accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate medical care.

DATE _____ SIGNED _____
(Parent or Guardian)

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.

As consideration for the right to participate in the Arlington Senior Babe Ruth Baseball League and/or other activities and services provided by the Arlington County Department of Parks, Recreation, and Cultural Resources, its agents and employees, I on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Arlington Senior Babe Ruth Baseball League, the County and all of its officers, departments, agencies, agent and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court cost and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any connection to my or any minor family member's participation in the above described program. I have read and understand this IDEMNIFICATION AND HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

DATE _____ SIGNED _____
(Parent or Guardian)