



Sun Valley Cal Ripken/Babe Ruth League

Babe Ruth Baseball Registration Form

2019 Spring Season

Please Print

Player Name: _____ Home Phone: _____

Full Physical Address: _____
 Street (including apt #, if applicable) City, State Zip

League Age Determination

May 1, 2005 to April 30, 2006 = 13 May 1, 2003 to April 30, 2004 = 15 May 1, 2001 to April 30, 2002 = 17
 May 1, 2004 to April 30, 2005 = 14 May 1, 2002 to April 30, 2003 = 16 May 1, 2000 to April 30, 2001 = 18

Date of Birth: _____ League Age: _____ Sex (Circle One): Boy / Girl

Returning Player: Yes What team was the player on last season? _____

 No Who referred you to the league? _____

School this player attends: _____ Name/Age of Siblings playing in league: _____

Parent/Guardian Names: _____ / _____

Parent/Guardian Phone Numbers: _____ / _____

Email Address (this will be used for mass email from the league) _____

Special Requests (we try to honor these when possible): _____

****Please note that if your child is new to our league and/or new to the 10u Minors and the 12u Majors, he or she will be required to participate in a skill assessment.**

Would you help us out by...	Volunteering as a Manager or Coach	Yes	No
	Volunteering as a Scorekeeper	Yes	No
	Volunteering in the Snack Bar	Yes	No
	Volunteering to help with Practices	Yes	No
	Volunteering to be a Team Parent	Yes	No

I, _____, the parent/guardian of children named on this registration form, do hereby give permission for my child to participate in any and all activities during the 2019 Baseball season, including a preseason skill assessment if necessary. I assume all risks and hazards incidental to the activities, transportation to and from activities including games and practices, and also hereby release, absolve, indemnify, and hold harmless Sun Valley Cal Ripken/ Babe Ruth League Inc., the organizers, sponsors, or volunteers appointed by them. I also understand that the league does NOT issue refunds for any reason and that we reside within the playing boundaries of the league. I also authorize the use of my child's photographs for the league, which includes the league's website and Social Media outlets.

(Parent signature)

(Date Signed)

If you are registering your player AFTER teams have been drafted, we make no guarantee that your player will receive the requested jersey size.

Player Total _____ Amount paid at Registration _____ Method of payment: Cash Credit (+ 3%) Check # _____

Payment Plan Y / N Scholarship Request Y / N Sec. _____ Treas. _____ Player Agent _____

_____ Division: _____ Jersey Size _____

Registering Board Member

Jersey Numbers: (Three Choices) _____