



# South Colonie Babe Ruth Baseball League, Inc.

A Non-Profit Tax Exempt Organization for 13 to 19 Year Old Players

<http://www.SouthColonieBabeRuth.com>

## Application to Play 13-15 YO 2015 Spring Season

Registration fee \$295.00 - Registration deadline is March 1, 2018

Player Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Info	Mother	Father
Name		
Address		
Contact Number and E-mail		

I (We) the parents of the registering player agree to:

1. Help maintain the fields and volunteer to work in the concession stand;
2. Participate in any extra fundraising activities (e.g., Tournaments, 50/50 raffles, etc.); and,
3. Return all uniforms and equipment in good condition at the last game if applicable.

### PERMISSION, WAIVER AND MEDICAL RELEASE FORM

I (We) give consent and approval to our above-mentioned child to be in all league activities during the 2018 South Colonie Babe Ruth Season. I (We) assume all risks and hazards incidental to such participation, including the transportation to and from league activities and I (we) do hereby waive, release, indemnify and agree to hold harmless the South Colonie Babe Ruth Baseball League Inc., the organizers, sponsor's, participants, and person transporting my (our) child to or from activities, for any claims arising out of injury to my (our) child whether the result of negligence for any cause, except to the extent and in the amount covered by accident or liability insurance. In case of emergency, the team manager, adult coach, or any board member of the South Colonie Babe Ruth Baseball League Inc. is hereby authorized to have my (our) child treated by any licensed physician, dentist and/or hospital. I (We) also give permission for South Colonie Babe Ruth to utilize pictures of my (our) child on the <http://www.southcoloniebaberuth.com> website.

FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARRIER: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Return this completed application, copy of birth certificate, current utility bill, and check for \$295.00 payable to **South Colonie Babe Ruth Baseball League Inc** to:

South Colonie Babe Ruth Baseball League  
PO Box 13222  
Albany, NY 12212-3222



Questions? Contact Wayne Newcomb, President @ 518-424-6821 or Dan Lofrumento, Treasurer @ 518-210-5117

**Must be received by March 1st!**