



South Colonie Babe Ruth, Mickey Mantle and Connie Mack Baseball

A Non-Profit Tax Exempt Organization for 13 to 18 Year Old Players



<http://www.ColonieBabeRuth.com>

Application to Play 13-18 Year Old Baseball

Division Registration fees: Babe Ruth Recreational season \$295.00 – Mickey Mantle and Connie Mack (tryout required) \$500.00

Player's Information

Name: _____ **DOB:** ___/___/___ **Age:** _____
Address: _____ **Division:** Babe Ruth _____ Mickey Mantle _____ Connie Mack _____
City: _____ **State:** New York **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 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.coloniebaberuth.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 above applicable division registration fees, payable 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!