

**JOHNSON CITY BABE RUTH
13-15 YEAR OLDS
REGISTRATION FORM**

Name: _____ Birthdate: _____ Age: _____
(please print)

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Parent(s) Name(s): _____ School: _____

Do you play on your school's baseball team: _____ yes _____ no _____ trying out

Do you play on a travel team? _____ yes _____ no

***For returning Babe Ruth players only:**

Last year's Johnson City Babe Ruth Team: _____

FOR NEW PLAYERS ONLY:

What is your best position in the INFIELD or OUTFIELD: _____

Do you pitch? _____ yes _____ no

Do you catch? _____ yes _____ no

Bat: _____ Right _____ Left

Throw: _____ Right _____ Left

HT: _____

WT: _____

Do you have an older sibling currently playing on a JC Babe Ruth team? _____ yes _____ no

If yes, name of team _____

Parent Signature: _____ Date: _____

Do you want to sponsor a team? _____ yes _____ no If yes, who _____

Do you want to buy a sign for your business? _____ yes _____ no

Are you interested in coaching? _____ yes _____ no

Are you willing to be a team mother? _____ yes _____ no

FOR OFFICAL USE ONLY

PAID: _____ yes _____ no If yes: Check # _____ Cash _____

BIRTH CERTIFICATE: _____ yes _____ no



Consent for Medical Treatment Form

Name of Player _____ Player's Age _____

Home Address _____ City _____ State **TN**

Family Physician _____ Phone (423) _____

Do you have any allergies? Yes ___ No ___

List all allergies and / or medical conditions: _____

Required Medication (s) _____

Name of League: Johnson City Babe Ruth

League Accident Insurance Company _____

League Accident Insurance Policy Number _____

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: _____

Daytime Phone (423) _____ Home Phone (423) _____

Cell Phone () _____

Parents will be notified in case of serious illness or injury as quickly as possible but this will make immediate care and treatment possible.

Johnson City Babe Ruth Parent / Guardian Agreement

Parent / Guardian Agreement

I understand that:

The organization's policy is that the use of tobacco products by parents and other spectators is strongly discouraged at games and at practices. Johnson City's city ordinance prohibits smoking in or around the stands and dugouts. Use or suspected use of alcohol is strictly prohibited at all J.C. Babe Ruth games. No one should ever go onto the playing field without prior approval from an umpire. If as a parent, fan, or coach you are ejected from a game, suspension will be handed out at the discretion of the J. C. Babe Ruth Board of Directors.

I agree to the following:

- Not to interfere with coaching instructions given to the players during games.
- Never to openly express criticism for players of either team.
- Never to confront the coach or team manager with emotional issues in front of the players.
- Never to openly criticize the umpires during a game.
- Never to use inappropriate, derogatory or vulgar language during a game or practice.
- Ensure my child has the means to arrive & be picked up on time for practices and games.
- **Encourage my child to be the best team player that he or she can be!**

Parent/Guardians Name: _____

Signature: _____ Date: _____

*** Johnson City Babe Ruth baseball should be a positive experience for everyone involved. Negative behavior directed towards players, coaches, officials, and other parents conflict with the principles we are trying to teach our children. Values like courtesy and respect do not interfere with the competitiveness of the game. Let us all be more concerned with developing character than winning a game!!!

Johnson City Babe Ruth League

Waiver of Liability, Disclaimer, and Emergency Authorization

I, _____, parent / guardian of _____
(please print name of parent / guardian) (please print youth's full name)

hereby give my consent and agree to release, indemnify, and hold harmless the Johnson City Babe Ruth League, its officials, coaches and representatives from any claims arising out of injuries or conditions caused by or aggravated by participating in a sport. This will also apply in the event I refuse to obtain available medical treatment based on religious or philosophical beliefs.

I have the following medical insurance for the youth listed above:

Insurance Carrier: _____
Policy #: _____

I do hereby authorize the Johnson City Babe Ruth League baseball staff, officials, coaches, assistant coaches, or parents of team members, acting in the capacity of activity supervisor / vehicle driver as agent for me to consent to medical, surgical, dental, or emergency treatment at a doctor's office or hospital emergency room.

If there is an emergency and I /we cannot be contacted, please notify:

Full Name _____ Phone _____
Address _____ City & State _____

I hereby declare that the above information is correct to my knowledge; legal authorization for emergency care and acknowledgment of disclaimer.

Parent / Guardian signature _____

Witnessed _____

Date _____