

Tri-Town Babe Ruth Baseball

PO Box 980
Randolph, MA 02368

email: tritownbaberuth@aol.com
web: www.tritownbaberuth.com
phone: 781.308.0650

TTBR Registration	Balance Due	\$135
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Please Fill-In or Correct the Data below:

Name		DOB	
Address		Age	
Town-St-Zip		Phone	
Parent/Guardian		Phone-2	
E-mail		Phone-3	
Allergies			
Medical Concerns			
Team Shirt (Chest)	AM (38 in)	AL (42 in)	AXL (46 in)
	A2X (50 in)	A3X (54 in)	Size >
Team Cap (Head)	Sm-Med (<21 5/8 in)	Med-Lg (<22 3/4 in)	Lg-XL (<24 3/8 in)
			Size >
Sweatshirt \$25	AL	AXL	A2X
	A3X	Size >	
(FREE SWEATSHIRT to all 15 yr old Players! Just Mark a Size above !)			

TTBR Code of Conduct:

Coaches, Players, and Spectators are expected to:

- (1) support league staff, officials, and umpires;
- (2) to treat the facilities with respect;
- (3) and demonstrate sportsmanship at all times.

Verbal or physical abuse, or abuse of the facilities, will not be tolerated. Violations will be grounds for suspension or expulsion from participation in the TTBR Baseball League.

Parent or Guardian Agreement:

I, the parent/guardian of the TTBR Baseball League applicant, hereby give my approval for applicant to participate in ALL TTBR League Activities. The applicant will therefore be eligible for the League Activities of: **Spring, Summer, Fall, and Winter League Baseball & Instructional Activities.**

The applicant and I agree with the TTBR Code of Conduct, and will abide by the TTBR Code of Conduct. The applicant and I understand the consequences of violating the TTBR Code of Conduct.

The applicant and I know that participation in playing baseball may result in serious injuries and protective equipment does not prevent all injuries to participants. The applicant and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Local Tri-Town Babe Ruth League, Babe Ruth Baseball, Inc., the organizers, sponsors, supervisors, and participants from any claim arising out of any injury to the applicant, regardless of the cause.

In case of emergency, if a family member cannot be reached, I hereby authorize the applicant to be treated by Certified Emergency Personnel (for example: EMT, Paramedic, First Responder, or E.R. Medical Staff)

In 2012, the applicant understands that he/she may be placed on new team.

Signature - Parent/Guardian Agreement and Medical Release

Date

For League Use Only	Fee \$	Check#
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