



### 2011 Registration Form

Date: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Verified By \_\_\_\_\_  
 Grade: \_\_\_\_\_ Lives With ( Father / Mother / Both ) Team Last Year: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ School: \_\_\_\_\_

Circle **yes/no** if you are a parent that coaches or wants to coach.

< Father >

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

< Mother >

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### REQUIRMENTS FOR ALL PLAYERS

I do hereby give my permission for the above named to participate in the Babe Ruth Baseball League program during the current season. I will Assume all risks and hazards that are incidental to the conduct of the activities. I Further agree to release, absolve, indemnify and hold harmless, this local Vermilion Football League, their sponsors, organizers, supervisors, officers, and field owners, of all legal responsibilities.

I will submit proof of birth as required by the Babe Ruth Baseball League's as well as GPA standard of 1.5 during season in accordance with current Rules and Regulations, I understand if this is not furnished by me, the above name will not be eligible for Leauge and/or Tournament play.

I give permission to this League, its officers and representatives, to provide medical treatment in case of and emergency or injury.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BIRTHDATE VERIFICATION: \_\_\_\_\_

Paid Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Verified by: \_\_\_\_\_

**PLEASE MAKE ALL CHECK PAYABLE TO CITY OF ABBEVILLE**  
**BABE RUTH BASEBALL MEMBERSHIP FEE: \$30**  
 City of Abbeville Recreation Department  
 300 A. A. Comeaux Memorial Drive Abbeville, LA 70510