

RIDGEFIELD BORO ATHLETIC ORGANIZATION

2017 Baseball and Softball Registration Form

PLAYER INFORMATION:

Player Name: _____ Parent/Guardian Name: _____

Birthdate: _____ Address: _____

Age: _____ Gender: ☐ male ☐ female Email: _____

If this is a new player, enclose copy of birth certificate or government-issued proof of age.

Telephone: Home: _____

Cell: _____

SPORT (choose one):

☐ Baseball ☐ Softball

LEVEL (choose one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Tee Ball (ages 5-6*) | <input type="checkbox"/> Minor League Baseball (ages 8-11*) | <input type="checkbox"/> Girls Jr. Softball (ages 8-12***) |
| <input type="checkbox"/> Coach Pitch (ages 7-8*) | <input type="checkbox"/> Major League Baseball (ages 9-12*) | <input type="checkbox"/> Girls Sr. Softball (ages 13-15***) |
| | <input type="checkbox"/> Jr. League Baseball (ages 13-14**) | |
| | <input type="checkbox"/> Sr. League Baseball (ages 15-16**) | |

*By 8/31/17. Age 12 eligible if still 12 on 4/30/17. **By 4/30/17. ***By 12/31/16.

Please see the enclosed information sheet on evaluations.

FEE:

\$70 for Tee Ball or Coach Pitch; **\$95** for others. (Make checks payable to RBAO; put child's name on check).

\$10 early registration discount if registration submitted by January 1, 2017.

If you are registering three or more children, there is NO fee for third child (youngest child).

PARENT/GUARDIAN PERMISSION TO PLAY AND WAIVER:

I am the parent or guardian of the child identified above. I give my consent to the child's participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation, including, but not limited to, transportation for activities, equipment used, assignment of my child to a team, coaching of my child, field conditions, and play position. I hereby waive, release, absolve, indemnify, and agree to hold harmless the RBAO and all its affiliated leagues and programs, organizers, sponsors, supervisors, participants, council members, managers, coaches, umpires, and persons transporting my child except to the extent and in the amount covered by the RBAO's accident or liability insurance, if applicable.

I have read the concussion information fact sheet for parents and athletes at www.cdc.gov/Headsup or www.RBAO.org with my child and talked about what to do if they have a concussion or any serious head injury.

Parent/Guardian Signature

Date

☐ I can volunteer as a Manager or Coach. I will submit a volunteer application (available at www.rbao.org).