

RIDGEFIELD BORO ATHLETIC ORGANIZATION 2019 Baseball and Softball Registration Form

PLAYER INFORMATION:

Player Name: _____ Parent/Guardian Name: _____

Birthdate: _____ Address: _____

Age: ____ Grade: ____ Gender: Male Female Email: _____

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

Cell phone: _____

Other parent or guardian name: _____

SPORT (choose one):

Baseball Softball

Other parent or guardian cell: _____

SHIRT SIZE: _____ (Youth Small-Medium-Large | Adult Small-Medium-Large)

LEVEL (choose one):

Tee Ball (ages 5-6*)

Minor League Baseball (ages 9-10*)

Coach Pitch Softball (ages 7-8***)

Coach Pitch (ages 7-8*)

Major League Baseball (ages 11-12*)

Minor League Softball (ages 9-10***)

Jr. League Baseball (ages 13-14**)

Major League Softball (ages 11-12***)

Sr. League Baseball (ages 15-16**)

Junior League Softball (ages 13-15***)

*By 8/31/19. Age 12 eligible if still 12 on 4/30/19.

**By 4/30/19.

***By 12/31/18.

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 is processed ONLINE at www.rbao.org by November 30, 2018.

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

[If completed online, I agree that typing my name and date on this form constitutes my electronic signature.]

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