

**RIDGEFIELD BORO ATHLETIC ORGANIZATION** 

Five Firemen's Field P.O. Box 54 Ridgefield, New Jersey 07657 www.rbao.org emailrbao@gmail.com



October 12, 2020

Dear Parents and Guardians:

We have opened registration for the 2021 Little League baseball and softball season! The easiest way to register is online at www.rbao.org. If you registered online just select LOGIN; if this is your first year registering online, select REGISTRATION and then follow the signup process. You also can register by completing the attached form and returning it (1) by mail to RBAO, P.O. Box 54, Ridgefield, NJ 07657, (2) by email to emailrbao@gmail.com, or (3) in person at the Recreation Office (located by the Pool Complex) weekdays from 9:00-5:00. Other in person registration dates and locations will be announced as they become available.

Because of the current covid-19 situation and uncertainty, WE ARE ALLOWING YOU TO DEFER PAYING YOUR REGISTRATION FEE until shortly before the 2021 season starts. BUT IT IS STILL IMPORTANT TO REGISTER YOUR CHILD OR CHILDREN ON TIME IF YOU WANT THEM TO PLAY BASEBALL OR SOFTBALL IN THE 2021 SEASON. We already are beginning planning and preparation, and we need to have registrations in order to get ready for the 2021 season.

The deadline for all registrations is <u>February 1, 2021</u>. We are again offering a <u>\$10 early</u> <u>registration discount</u> for online registrations completed (and paid) prior to December 15 2020. Registrations after Feb. 1 will be subject to a \$35 late fee and possibly being placed on a waiting list.

All Ridgefield boys and girls ages 5 to 16 are eligible for our Little League programs. We look forward both to welcoming back our past players and to welcoming new players. Past baseball or softball experience is not required. Children who have not played before are our players of tomorrow! Evaluations will be required for new and (depending on league level) returning players. We expect that evaluation dates will be in February 2021 and will announce those dates in the future.

We recognize that there may be some uncertainty about next season because of covid-19. That is why we are allowing deferred registration fee payments. Even with the unprecedented covid-19 situation this year, however, we were able to provide successful and safe baseball and softball seasons for our town's children in 2020. We are confident that we will be able to provide baseball and softball programs in 2021.

Lastly, we ask that you consider being part of this experience. Youth baseball and softball are great for our kids. But these programs depend on the volunteers – RBAO council members, coaches, and others – who organize, plan, and run them. If you can help and be part of your child's experience, please volunteer and join us. We are seeking new RBAO council members. We also would welcome any additional help you can provide to make 2021 another great season. Thank you.

The RBAO Council

## **RIDGEFIELD BORO ATHLETIC ORGANIZATION** 2021 Baseball and Softball Registration Form

PLAYER INFORMATION:				
Player Name:		Parent/Guardian Na	ame:	
Date of Birth :		Address:		
Grade:Gender: Male	e 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 gua	uardian name: uardian cell: ledium-Large )	
SHIRT SIZE: ( Yo	outh Small-Medium-La	rge   Adult Small-Me	dium-Large)	
LEVEL (choose one) (use ages	as of *8/31/21 for base	eball or **12/31/20 fc	or softball):	
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 (a	ges 13-14*)	Major League Softball (ages 11-12**)	
	Sr. League Baseball (a	ges 15-16*)	Junior League Softball (ages 13-15**)	

## FEE:

Fee payment is not required with this registration form. Unpaid fees will be collected prior to the start of the season. Fees are **\$70** for Tee Ball or Coach Pitch; **\$100** for others. (Make checks payable to RBAO; put child's name on check). If you are registering three or more children, there is **NO fee for third child** (youngest child). There is a **\$10** early registration discount for online registrations completed and paid by December 15, 2020, and a **\$35** late fee for registrations after February 1, 2021.

## 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 consent to the taking and use of any photographs as part of the RBAO program. I assume all risks and hazards incidental to such participation, including, but not limited to, injury and illness (including covid-19 or other communicable diseases) 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 from any claim for injury or illness relating to or incidental to my child's participation in such activities, 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).

MEDIC NOTE: To be carried Team Manager together with te Player: Parent (s)/Guardian Name:			affidavit.	SEBALL	
Player:	Date of Birth			ALT	
Parent (s)/Guardian Name		Gender	(M/F):		
	R	elationship:			
Parent (s)/Guardian Name:	Relationship:				
Player's Address:	City:	State/C	ountry: Zip:_		
Iome Phone: Work Phone:	:	Mobile Pho	ne:		
ARENT OR LEGAL GUARDIAN AUTHORIZATION:		Email:			
n case of emergency, if family physician cannot be re mergency Personnel. (i.e. EMT, First Responder, E.R.		prize my child to be	e treated by Certified		
amily Physician:	Р	Phone:			
Address:	City:	State/	Country:		
Hospital Preference:					
Parent Insurance Co: F	olicy No.:	Group ID#:			
eague Insurance Co:	Policy No.:	League/Group ID#:			
Name	Phone	Rela	ationship to Player		
Name	Phone	Relationship to Player			
Please list any allergies/medical problems, including those	se requiring maintenance	e medication. (i.e. Di	iabetic, Asthma, Seizure D	Disord	
Medical Diagnosis N	Medication	Dosage	Frequency of Dos	age	
		++			
		++			
I					
Date of last Tetanus Toxoid Booster:					
The purpose of the above listed information is to ensure that medica			ch may interfere with or alter	treatm	
Ar /Mrs /Ms	ture		Date:		
Authorized Parent/Guardian Signat					
Authorized Parent/Guardian Signat					
Mr./Mrs./Ms Authorized Parent/Guardian Signat					

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.