

DC Cal Ripken and DC Little League- 2010

Player League Age (Age as of May 1st, 2010)

Enclose Copy of Birth Certificate!!

LITTLE LEAGUE AND CAL RIPKEN DIVISIONS

7 & 8 _____ (Fee \$75) 9 & 10 (Fee\$75) _____ 11& 12 (Fee \$75) _____

Make check payable to "*Capitol Hill Baseball & Softball League*", and hand deliver to you coach with a copy of your child's birth certificate.

PLAYER INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Address: _____ School: _____ Grade: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cross Out days you absolutely cannot play: Mon Tues Wednes Thurs Fri Sat Sun

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: H _____ W _____ Phone: H _____ W: _____

Cell _____ Cell _____

I can volunteer (Circle) to help as: 1. Coach 2. Team Parent 3. Groom Fields

I am registering to play in the Cal Ripken division of Babe Ruth Baseball or DC Little League for the 2010 season. I agree to play fairly and according league rules.

Player's Signature: _____ Date: _____

As the parent/legal guardian of the above child, I verify that the information on this form is correct and I grant permission for my child to participate in all activities for this sports program. My child is physically able to participate. I assume all risks and hazards incidental to such participation, including risk of serious injury. I do release and waive all claims against DC Babe Ruth, Inc. and DC Little League, Inc. its officers, directors, coaches, sponsors, volunteers and other participants. I further grant permission for emergency first aid to be given to my child in case of an injury.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name & Phone #: _____

ADDITIONAL PLAYER INFORMATION

Years of baseball experience: _____ Registration fee enclosed: _____

Name of League you played with: _____

Copy of Birth Certificate enclosed: _____ Parent's e-mail address: _____

If you need financial assistance, please sign and date below.

Signature: _____ Date: _____