



RAYMOND YOUTH ATHLETIC ASSOCIATION BABE RUTH LEAGUE 2012 REGISTRATION FORM

Raymond Youth Athletic Association is now accepting registrations for its 13-15 Babe Ruth baseball leagues. The league offers standard 90-foot diamond baseball for players born between 5/1/1996 and 4/30/99. This year RYAA would like to field separate 13 year old prep and 14-15 teams. The prep team would be comprised of only 13 year old players. Formation of separate 13 year old and 14-15 year old teams depends upon number of registered players. Each applicant must be pre-registered to tryout for Babe Ruth team(s). Applicant will be contacted about time and place of tryouts.

PLEASE RETURN COMPLETED FORM WITH PAYMENT AND COPY OF BIRTH CERTIFICATE

<u>LEAGUE</u>	<u>PLAYER AGE</u>	<u>FEE</u>	<u>IF BORN BETWEEN</u>
<input type="checkbox"/> Babe Ruth	13 - 15	\$100.00	5/1/1996 – 4/30/1999

PLAYER INFORMATION	
PLAYER'S FULL NAME: _____	
PLAYER'S DATE OF BIRTH: _____	<input type="checkbox"/> RETURNING PLAYER
PLAYERS AGE AS OF APRIL 30, 2012 _____	<input type="checkbox"/> NEW TO LEAGUE (MUST ATTACH COPY OF BIRTH CERTIFICATE)
GUARDIAN INFORMATION	
MOTHER'S NAME: _____	PHONE #1: _____
ADDRESS: _____	PHONE: #2 _____
<input type="checkbox"/> CHILD LIVES WITH MOTHER	EMAIL: _____

FATHER'S NAME: _____	DAY PHONE: _____
ADDRESS: _____	EVENING PHONE: _____
<input type="checkbox"/> CHILD LIVES WITH FATHER	EMAIL: _____

EMERGENCY CONTACT INFORMATION	
NAME: _____	PHONE: _____

MEDICAL INFORMATION	
PHYSICIAN: _____	PHONE: _____
INSURANCE CO: _____	POLICY NO: _____
DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL CONDITIONS?	

RELEASE BY PARENT OR GUARDIAN: I, the undersigned, as a parent or guardian of the above applicant for entry into the Raymond Youth Athletic Association Babe Ruth League, do hereby give my permission and approval for the applicant's participation in all RYAA Babe Ruth League activities during the 2012 season. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release, and absolve the organizers, sponsors, board members, directors, managers, coaches, and participants from any claim arising out of injury to the applicant, my son/daughter/ward. Any child who destroys, steals, or misuses League property and/or fails to return League equipment, including uniform parts, will face action by the Board which may lead to suspension or expulsion from the league.

MEDICAL: I give my consent for any emergency medical/surgical treatment to be given to my child. This treatment pertains to any life-threatening situations or other medical emergency such as fracture or suturing. I would like the doctor indicated above to be contacted if possible. In the event my doctor cannot be contacted; I give my consent for emergency room physician to treat my child. This does not apply to any elective surgery.

Signature _____ Date _____

OFFICIAL USE ONLY	
CHECK # _____	AMT OF CHECK _____
RECV'D BY _____	BIRTH CERTIFICATE _____
RET. PLAYER _____	