



**SARATOGA BABE RUTH – Spring 2012
Player Registration Form – Deadline March 31, 2012**

Return completed forms to PO Box 2269, Wilton, NY 12831 or
the Wilton Youth Baseball mailbox in the business office at Gavin Park

Player's First Name Last Name MI

Street Address City

Date of Birth Month Day Year

- 13-14-15U Division** - \$125 (includes baseball hat and jersey) (I would like to volunteer to Head__ or Asst. Coach____)
Players must be 13, 14 or 15 as of April 30, 2012.
- 16-18U Senior Div.** - \$125 (includes baseball hat and jersey) (I would like to volunteer to Head__ or Asst. Coach____)
Players must be 16-18 as of April 30, 2012.

Each player will receive a book of 5 raffle tickets that they can sell for \$5 each to lower their total registration fee to \$100

-Please make checks payable to Saratoga Babe Ruth
*Financial assistance available upon request

Uniform Size (circle one) Adult Size S M L XL

Hat Size (circle one) s/m m/l l/xl

Family Registration Information

| | |
|------------------------|------------------------|
| Parent/Legal Guardian: | Parent/Legal Guardian: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Email: | Email: |

Emergency Contact (in case parent or guardian cannot be reached): _____

Relation to player: _____ Phone#: () _____

Medical conditions that manager/coach should be aware of:

- Asthma Allergies _____ Other _____

I/we being the parent(s) of custody or legal guardian(s) of (name of minor) _____, do hereby appoint the supervising **Saratoga-Wilton Babe Ruth** official to act on my behalf in authorizing unexpected medical, dental, surgical care, or hospitalization for said minor, in my absence and I authorize the **Saratoga-Wilton Babe Ruth** official to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named child **IF I OR MY SPOUSE CANNOT BE REACHED**. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the season.

I/we acknowledge and give consent for Saratoga-Wilton Babe Ruth to photograph and web cast all Saratoga-Wilton Babe Ruth games and events for the purpose of broadcasting, reporting to local papers, and/or posting on the Saratoga-Wilton Babe Ruth web page.

*** Signature of Parent or Guardian**

Date: _____