

Birth Certificate Checked \_\_\_\_\_ Paid \$ \_\_\_\_\_ League \_\_\_\_\_

**2010 Baseball and T-Ball Registration Form**  
**Ellensburg Youth Baseball/Softball, PO Box 1471, Ellensburg, WA 98926**

**PLAYER INFORMATION**      Gender M or F (circle one)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ DOB \_\_\_\_\_

League Age (as of 4/30/10): \_\_\_\_\_ School/Grade \_\_\_\_\_ Family Email \_\_\_\_\_ @ \_\_\_\_\_

Shirt Size: Youth - S M L or Adult - XS S M L XL XXL (please circle)

**PARENT/GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical Notes: \_\_\_\_\_

***Special Requests for Placement:*** \_\_\_\_\_

**Medical Consent Form**

Heart Disease   Convulsions   Hearing Problems   Epilepsy   Diabetes   Asthma   Kidney Disease   Contact Lenses

Allergies (specify) \_\_\_\_\_ Drug or Antibiotic reaction (specify) \_\_\_\_\_

Other \_\_\_\_\_ Current Medication \_\_\_\_\_ Physical Restrictions \_\_\_\_\_

**In Case of emergency**, I hereby authorize the adult in charge to seek any emergency medical care, transportation, and procedures deemed necessary by an attendant physician, due to injuries sustained while participating in this Babe Ruth program.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**PLAYER PARTICIPATION WAIVER**

I, the parent or legal guardian of the named player for participation in the Babe Ruth Program/Team, hereby give my consent and approval, on behalf of myself, my spouse and/or the named participant, for said player to participate in any and all Babe Ruth activities, including without limitation, transportation to and from said activities, I am aware that playing or practicing baseball/softball can be a dangerous activity involving many risks of injury and/or temporary or permanent damage. In order to induce Ellensburg Youth Baseball/Softball to allow the said player to participate in such activities, I, on behalf of myself, my spouse and said player, hereby waive, release, absolve, indemnify and agree to hold harmless Ellensburg Youth Baseball/Softball, and its organizers, sponsors, umpires, coaches, supervisors, Board Members, Committee members, Officers, employees and/or agents from and with regard to in all particulars any and all claims, demands, liability, responsibility, judgments, awards, decisions, actions or other proceedings occurring to or suffered by said applicant or the parent/legal guardian thereof from or out of any injury, damage, loss, disability, negligence, intentional act and or harm or any kind whatsoever, fatal or otherwise, except to the extent which may be covered by liability insurance.

I UNDERSTAND THAT IN ORDER FOR THE PLAYER TO PARTICIPATE, I MUST PROVIDE DESIGNATED ELLENSBURG YOUTH BASEBALL/SOFTBALL OFFICIALS WITH AN ACCEPTABLE COPY OF PLAYER'S CERTIFIED BIRTH CERTIFICATE OR OTHER ALLOWABLE PROOF OF AGE.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*