



ALLSTARS - Registration & Contract

Name _____ Age as of April 30th _____ Birth Date _____

Address _____ City _____

Evening Phone (_____)_____-____- Cell Phone (_____)_____-____- Day Phone (_____)_____-____-

Father Name _____ Mother Name _____

Email Address _____

Cost \$110.00

Parent / Player Contract:

We agree as parents and players to support the Allstar program by doing the following:

- Attend all practices and meetings set by the coach and league
- Arrive to games at the time specified by the coach
- Agree to attend games at all tournament levels (district, state, region) that team is able to achieve
- Recognizing that the focus is on winning & sportsmanship
- We are aware that there may be games that some kids may not play
- Agree to support the team and coach by encouraging the team, making Allstars a priority and showing respect to the team and coach
- We agree to display appropriate behavior at all times both from the bleachers and the field
- Promote sportsmanship

Release Form:

In consideration of the benefits to be derived from participating in Riverton Cal Ripken/Babe Ruth Baseball organization, I _____ Parent/Guardian of _____ do hereby release and forever discharge Riverton City, Riverton Cal Ripken/Babe Ruth Baseball Organization or any individuals affiliated with the aforementioned who may help with the baseball program, from any and allocations, courses of action, claims and demands for, upon, or by reason of any damages, loss or personal injury which may be sustained by him/her during the course of or as a result of participation in the baseball program. The above named child also has my permission to participate in all activities supported by Riverton Cal Ripken/ Babe Ruth Baseball Association and any other programs offered with the program. It is understood that this release is to be binding on myself, assigns, my personal representatives, and their heirs.

***Payment with a credit card will be subject to a \$3.00 service charge. There will be a \$25.00 fee for all return checks!**

Signed _____ Date _____

Board Use Only:

Payment Information				
Registration Fee	\$		Check #	
CC Transaction Fee	\$ 3.00		Cash Received	
Total	\$		CC Transaction #	
			Received by	



CONSENT FOR TREATMENT

Each Player must complete and have signed all 4 copies (1 sheet).

Name of Player _____ Player's Age _____
 Home Address _____ City _____ State _____
 Family Physician _____ Phone () _____
 List of Any Allergies _____
 Required Medication _____
 Name of League Everton Babe Ruth League
 League Accident Insurance Company F&E Insurance
 League Accident Insurance Policy No. FRD-13871-00

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE _____ SIGNED _____

Daytime Phone () _____ Evening Phone () _____
 Cell Phone () _____
 (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)



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Welcome to Allstars!

There is a **mandatory** parent meeting on Monday June 27th at 7:00 pm in the pavilion.

The cost for Allstars this year is \$110

You must bring with you a **copy** of your players birth certificate.

Insurance information

Primary care physician information

\$110

District tournaments begin July 1st

Most teams will also be participating in a pre tournament.



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