



# Willamette Valley Babe Ruth Registration Form



Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Willamette Valley Babe Ruth Area Affiliation: \_\_\_\_\_

Player Age (Today): \_\_\_\_\_ AS OF APRIL 30<sup>th</sup> (Current Year): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

School Currently Attending: \_\_\_\_\_

Area High School of Residence: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(If different than above)

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(If different than above)

**Note: Should there be a custody issue between parents, it is the duty of the custodial parent to notify the local area of the situation and any special circumstances that the parent area must be aware of (I.E. Restraining Orders). Failure to do so may disqualify the parent/player from future participation in WVBR.**

Previous Baseball Experience: \_\_\_\_\_

If not selected for an area Babe Ruth team, would you like to be considered as a pool player? YES: \_\_\_ NO: \_\_\_ Pool players can be selected by teams from any other area in the Willamette Valley Babe Ruth League.

## **CONSENT FOR TREATMENT**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List of Any Allergies: \_\_\_\_\_

Required Medication: \_\_\_\_\_

Family Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

League Insurance: K & K Insurance Policy #: \_\_\_\_\_

**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. Parents will be notified in case of serious illness as quickly as they can be reached, but this makes treatment possible. Furthermore, I consent to the above listed players image to appear in print, web and broadcast media with no expectation of compensation. I hold harmless Willamette Valley Babe Ruth, Inc., and their respective area the player is assigned to, and fully understand that I assume all risks from any injuries or property damage suffered.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Parent or Guardian)

**PLAYER #:** \_\_\_\_\_

PLEASE FILL OUT COMPLETELY

*Address Verified:* \_\_\_\_\_  
*Age Verified:* \_\_\_\_\_