



Hopedale Youth Baseball Association  
P.O. Box 174, Hopedale, MA 01747  
2009 – **SPRING Babe Ruth** Registration Form



**Registration** will be held on Tuesday, January 20, 2009, 6:30 pm – 8:00 pm at Sacred Heart Church or register online @ [www.hopedalebaseball.com](http://www.hopedalebaseball.com)

*(Registrations may also be mailed or hand delivered to HYBA no later than April 1, 2009. Any registrations received after April 1, 2009 are considered late; child will be placed on a waiting list and assigned to a team only if space permits)*

**Babe Ruth League is for players of age 13 through 15, as of April 30, 2009**

Name: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_

**Important: All first year players and new registrants to HYBA will need to bring a COPY of child's birth certificate to registration.**

<u>Age Determination (Birth) Date</u>	<u>Division</u>	<u>Registration/field usage fee</u>
05/01/1995 – 04/30/1996	<input type="checkbox"/> Babe Ruth – Age 13	\$88 town resident / \$95 non-resident
05/01/1994 – 04/30/1995	<input type="checkbox"/> Babe Ruth – Age 14	\$88 town resident / \$95 non-resident
05/01/1993 – 04/30/1994	<input type="checkbox"/> Babe Ruth – Age 15	\$88 town resident / \$95 non-resident

I hereby give my permission for the above-named child to participate in Hopedale Youth Baseball during the 2009 baseball season. I know that playing baseball, both in a game and at practice, can be a potentially hazardous activity and should not be done unless the participant is medically able. With my signature below, I, for myself, my heirs, executors and administrators, and for the participating child listed above, waive and release any and all rights and claims for personal or property damages against the Hopedale Youth Baseball Association and any of its coaches, umpires, officers or directors, arising in any way from participation in Hopedale Youth Baseball.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please print name of Parent or Guardian \_\_\_\_\_

**Parents / Legal Guardians**, many of us volunteer our time to help coach teams, manage league affairs, and maintain the ball fields, however we are always in the need of more help. If you are interested in volunteering your time, please check any areas below where you can be of assistance.

Head Coach       Assistant Coach       Board Member for 2010       Scorekeeper

Name of Volunteer(s) (please print) \_\_\_\_\_

**NOTE: All Head and Assistant Coaches will be CORI checked (Criminal Offender Record) prior to being approved to coach. Please submit CORI form if interested.**

**IMPORTANT INFORMATION:**

**HYBA email:** Please email questions / comments to: [hyba@hopedalebaseball.com](mailto:hyba@hopedalebaseball.com)

**High School Baseball:** For those children trying out for a high school team, HYBA will hold checks until high school teams are finalized. Checks will be returned to those who then decide not to play Babe Ruth because of high school conflicts.

**Spring Season:** will run mid-April through mid-June

**For league use only:**

Payment amount \_\_\_\_\_ Check # \_\_\_\_\_  Cash

**PLEASE COMPLETE EMERGENCY CONTACT/ CONSENT FORM ON REVERSE SIDE**

**OVER →**

HOPEDALE YOUTH BASEBALL ASSOCIATION  
P.O. Box 174  
Hopedale, MA 01747

**EMERGENCY CONTACT & TREATMENT CONSENT FORM**

You must complete, sign and return this form to your child's participation in any practice or game.

**List two persons to contact in case of emergency:**

1) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Player: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Player: \_\_\_\_\_

**Important:**

Is there anything we should know about your child's health or physical condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. EMERGENCY TREATMENT CONSENT**

I/We grant permission, in my absence, to the coaches of my child's assigned team, or officials of the Hopedale Youth Baseball Association, to seek medical treatment for my child and further grant permission to any qualified physician or health care facility to provide emergency treatment in the event of any injury or illness requiring treatment as a result of participation in any activity of the Hopedale Youth Baseball Association.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date