



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



Registration will be held on Tuesday, January 20, 2009, 6:30 p.m. – 8:00 p.m. at Sacred Heart Church **or register online @ www.hopedalebaseball.com**

(Registrations may also be mailed or hand delivered to HYBA no later than May 15, 2009. Any registrations received after May 15, 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 16, 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 Fees:</u>
05/01/1995 – 04/30/1996	<input type="checkbox"/> Babe Ruth – Age 13	\$113 town resident / \$120 non-resident
05/01/1994 – 04/30/1995	<input type="checkbox"/> Babe Ruth – Age 14	\$113 town resident / \$120 non-resident
05/01/1993 – 04/30/1994	<input type="checkbox"/> Babe Ruth – Age 15	\$113 town resident / \$120 non-resident
05/01/1992 – 04/30/1993	<input type="checkbox"/> Babe Ruth – Age 16	\$113 town resident / \$120 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 Asst 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
Summer Season: will run mid-June through late July

For league use only:

Payment amount _____ Check # _____ Cash

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