

EADS SUMMER BASEBALL/SOFTBALL SIGN UP

CHILD'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE #: _____ CELL PHONE: _____

BIRTH DATE: _____ AGE: _____

(Boys as of April 30, 2016)

(Girls as of January 1, 2016)

TEAMS: (please circle the appropriate team)

T-BALL

League Fee \$10-Shirt \$10

Name _____

Color: _____

Size: _____

(ONLY if already has shirt)

(Youth S, M, L, XL)

BASEBALL

CAL RIPKIN-Minor-\$20
(ages 7-9)

CAL RIPKIN-Major-\$25
(ages 10-12)

BABE RUTH-\$25
(ages 13-15)

SOFTBALL

MINORS - \$20
(ages 7-9)

MAJORS - \$25
(ages 10-12)

LEAGUETTES (16U) - \$25
(ages 13-16)

-League Fee Check # _____

-Uniform Deposit \$30 Check # _____

(Deposit is refunded if uniform is returned at end of season)

I hereby give my consent for my son/daughter to participate in the Eads Summer Baseball Association summer league. I have paid the following dues in order for my child to participate.

Signature of Parent/Guardian

(Date)



CONSENT FOR TREATMENT

Each Player must complete and have signed

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone _____

List of Any Allergies _____

Required Medication _____

Name of League _____

League Accident Insurance Company _____

League Accident Insurance Policy No. _____

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 _____

(Parent or Guardian)

Daytime Phone () _____ Home Phone () _____

Cell Phone () _____ Parents Health Ins. Co. _____

Policy # _____

(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.)