

09



Marlboro Babe Ruth Baseball "A United Way Agency"

BABE RUTH FALL LEAGUE

PLAYER REGISTRATION FORM

Date _____	
Paid	<input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____

- 1) For League Age Players League Age 12/13 (Cal Ripken & Prep) and League Age 14/15 (Junior) Years Old
- 2) Your 2009 League Age is how old you were on April 30, 2009

	Player's Full Name	Sex M/F	Date of Birth XX/XX/XX	League Age		Amount
				Prep Div	Jr Division	
1				12 <input type="checkbox"/> 13 <input type="checkbox"/>	14 <input type="checkbox"/> 15 <input type="checkbox"/>	\$70
2				12 <input type="checkbox"/> 13 <input type="checkbox"/>	14 <input type="checkbox"/> 15 <input type="checkbox"/>	\$70
3				12 <input type="checkbox"/> 13 <input type="checkbox"/>	14 <input type="checkbox"/> 15 <input type="checkbox"/>	\$70
Total Amount Enclosed						

PLEASE PRINT NEATLY!

Player's Address:		Parent/Guardian Name(s):	
Email Addr (1)		Email Addr (2)	
Home Phone:		Cell Phone:	
		Addition Phone:	

LEAGUE STRUCTURE/ WAIVER

Welcome to Marlboro Babe Ruth Fall Ball League. This is an inter-town instructional league and games are played with and in surrounding communities. Games are played on weekends only. This season begins on Sat 9/12/09 and runs until Sun 9/25/09 League fees, umpire fees, equipment and uniforms are included in the registration fee. Marlborough Youth Baseball does provide medical insurance for both volunteer managers and players with a \$100 deductible.

I, the undersigned parent or guardian of the above named child/children, who has/have been accepted as a member of the MARLBOROUGH YOUTH BASEBALL ASSOCIATION, INC. do hereby give my approval to his/her participation in any of the activities of the association during the coming season and release and forever discharge the Association and /or its sponsors, officers, agents, servants, representatives, successors and assignees from all claims I as his/her parent/guardian, may have against it resulting from personal injury, property damage or loss from any ordinary negligence. I/We understand all rules and regulations of MYBA and understand that they are posted on the website.

Parent/Guardian X _____ Date _____

PARENTAL PARTICIPATION

The quality of the MYBA program is directly related to the amount of adult participation. All parents will be required to work a shift in the concession stand during the season. Please indicate your choice(s) below:

<input type="checkbox"/> TEAM MANAGER	<input type="checkbox"/> TEAM SPONSOR (\$275)	DONATION IN LIEU OF VOLUNTEERING:
<input type="checkbox"/> COACH		<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____
<input type="checkbox"/> TEAM PARENT		

Mail This Form W/ Check To: MYBA c/o Doug Philpott, 40 Fitzgerald Rd., Marlborough, Ma. 01752-1617

PLEASE MAIL BY Aug 29, 2009 – SPACE MAY BE LIMITED

For further information, call (508) 481-9285 (Doug Philpott) or visit our website

<http://www.495BabeRuth.org>.

CHECKS SHOULD BE MADE PAYABLE TO

“MARLBORO BABE RUTH BASEBALL”