

**Kalispell Babe Ruth Baseball Registration 2006**  
**Fees: \$90.00 first player, \$55.00 each additional from same family**

**Player Registration Form**

Players name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Last yrs team \_\_\_\_\_

**Parent or Guardian Information**

Mother/guard. \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Father/guard \_\_\_\_\_  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**Medical Authorization**

I understand that Kalispell Babe Ruth Baseball is a volunteer recreational Program. I am aware that there is a risk of being injured that is inherent as a result of participation in any sports activity. I am aware that these injuries may be serious, nevertheless, I will allow the above named minor to participate in league activities. I hereby authorize Kalispell Babe Ruth League, including without limitations its officers and coaches to administer or obtain medical assistance for my/our child(ren) in the event of injury arising from activities related to Babe Ruth Baseball. If present at the time of injury, I will assume this responsibility for medical assistance.

**Code of Conduct**

I understand that one of the primary goals of Kalispell Babe Ruth Baseball is to teach sportsmanship and team – orientated goals, and provide a positive playing environment. I will support these goals at all times as a parent/guardian. I understand that if I do not support these goals and create a disturbance at a ballgame that compels ejection, I will be required to leave the complex, and my son or daughter will be removed from the remainder of the game. The Board of Directors may consider additional sanctions as necessary.

Parent/Guardian name \_\_\_\_\_  
Signature \_\_\_\_\_  
\_\_\_\_\_  
Yes, my child will be involved in other activities that may interfere with this season's games & practices. Reason \_\_\_\_\_  
\_\_\_\_\_  
Yes, my child has a recurring medical condition that may need attention. Reason \_\_\_\_\_  
\_\_\_\_\_