



# 2018 Babe Ruth Registration

## Brown County Parks and Recreation

<b>Office use only</b>	
Date Rec.	_____
Receipt #	_____
By: _____	Amt. _____
Cash _____	Ck# _____

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Years in Program: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE CIRCLE ONE SIZE FOR EACH ITEM:**

**Adult Shirt: S M L XL**

**Adult Pants: S(26-28) M(30-32) L(34-36) XL(38)**

**Hat: S/M (7 <sup>3</sup>/<sub>8</sub> - 7 <sup>1</sup>/<sub>4</sub>) M/L (7 <sup>1</sup>/<sub>4</sub> - 7 <sup>3</sup>/<sub>4</sub>)**

**Please Circle Age as of April 30, 2018**

Age: 13    Age: 14    Age: 15

**Please Help if You Can!**

Contact me, I would like to:

Coach: \_\_\_\_\_ Assist. Coach: \_\_\_\_\_

Sponsor Team (fee \$225.00) \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*To ensure player safety a background check will be done on all coaches and assistants.*

**LIABILITY RELEASE:** I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I / We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

**Code of Ethics Release:** I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program.

**Picture Release:** By signing below I, as a participant or legal guardian representing a minor participant agree to allow BCPR to use pictures taken at events for promotional purposes.

**MEDICAL RELEASE:** In case of illness or accident, permission is given to take the above person to the hospital or doctor's office for medical or surgical attention if needed.

**Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_

Physical Limitations (allergies, hearing, sight, etc.): \_\_\_\_\_

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

## Babe Ruth Baseball

**Ages 13-15**

**Practices begin after Spring Break**



Games will be played in Nashville, Columbus, Hope, Indian Creek and Edinburgh

**REGISTRATION DEADLINE: February 16<sup>th</sup>, 2018**

Space is limited. To ensure enrollment please include player fee with registration by deadline. After registration deadline please call for availability. A \$10.00 late fee per player is applicable.

**IF WRITING A CHECK PLEASE INCLUDE YOUR DRIVERS LICENSE NUMBER ON THE CHECK**

**Returned Check Fee: \$20.00**

***No Refund of Program Fees after First Practice***

***All refunds are subject to a \$2 fee***

**\*\*THERE WILL BE NO SWITCHING TEAMS ONCE ASSIGNED\*\***

**\*\*NO EXCEPTIONS\*\***

**Player Fee \$95.00**

***\$10 discount for each additional child***

**REGISTRATION DEADLINE:**

**Feb. 16, 2018**

**Please Read, complete, sign form, and return with payment to:**

**Brown County Parks & Recreation  
PO Box 299 Nashville, IN 47448**

**Phone: 812-988-5522 Fax 812-988-5503**

**Or register online @ [bcparksrec.com](http://bcparksrec.com)**