



Fort White Babe Ruth/Cal Ripken Baseball & Softball Fall 2022/Spring 2023 Registration Form

17762 HWY 47
Ft. White, FL

League: (League age is the age your child will be on May 1, 2023)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-Ball	Jr. Rookie	Rookies	Minors	Majors	Seniors
(Ages 4 – 6)	(Ages 5 – 6)	(Ages 7 – 8)	(Ages 9 – 10)	(Ages 11 – 12)	(Ages 13 – 15)

PLAYER INFORMATION: if there are more than 13 kids per division, there will be split teams for games, but will all practice together.

Last Name	First Name	MI	Name Other Than Legal
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Birth Date	League Age	School	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Street Address	City	, FL	Zip
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UNIFORM DETAILS: Please select a shirt size below. Any shirt purchased/re-ordered other than the size listed, is the parents' responsibility.

<input type="checkbox"/> Youth XS	<input type="checkbox"/> Youth S	<input type="checkbox"/> Youth M	<input type="checkbox"/> Youth L	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult XL
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Hat Size: Youth Adult

Uniform Number Preference: This does NOT guarantee you the number. If you do not choose a number, one will be assigned to you.

Uniform Number Choice 1	Uniform Number Choice 2	Uniform Number Choice 3
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PARENT INFORMATION: Contact numbers will be given to the coach to contact you. Email addresses are used for team chats through Sports Engine. Please select one parent to be the primary contact.

<input type="checkbox"/>	Primary Contact	Cell Phone	Email Address
Mother's First & Last Name			

<input type="checkbox"/>	Primary Contact	Cell Phone	Email Address
Father's First & Last Name			

I would like to pay an additional \$35 (per family), to NOT volunteer at concession.

I/we the parents of the above-named candidate for a position on a Babe Ruth League Team, hereby give my approval to participate in all Babe Ruth activities provided by this league. I understand that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and I hereby waive, release, absolve, indemnify, and agree to hold harmless FWBRB, the organizers, sponsors, supervisors, and all participants for any claim arising out of injury to my child whether the result of negligence or any other cause. I/we agree to return all equipment that may be issued to my child in as good condition as when received, except for normal wear and tear. I presented a certified birth certificate of the above-named candidate to League Officials. I understand that team photos may appear in media releases, and/or the league internet site to show activities that are happening with the league and/or player recognition.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Date

Official League Use Only

Birth Certificate

Verified By

Date

Returning Player

New Player

- Check
- Cash
- Credit Card
- CashApp

\$ _____
Fee

Verified By

Date