

2016

CHADRON BABE RUTH AND LEGION BASEBALL REGISTRATION FORM

Leagues: Fees Paid
Babe Ruth: 13-14 YR \$95.00 _____

MUST REACH LISTED AGE ON OR BEFORE APRIL 30 OF THE CURRENT YR.

Jr Legion: 15-16 YR \$230.00 _____
Sr Legion: 17-18 YR \$230.00 _____

MUST REACH LISTED AGE ON OR BEFORE JANUARY 1 OF THE CURRENT YR.

NOTE:

ALL NEW BALL PLAYERS-COPY OF BIRTH CERTIFICATE REQUIRED

PLAYERS NAME: _____ DOB: _____ AGE: _____ (currently)

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY-ST-ZIP: _____ PHONE: _____

CELL PHONE: _____ Years in Baseball: _____ Positions Played: _____

THE ABOVE PLAYER HAS MY PERMISSION TO PARTICIPATE IN THE CYBO PROGRAM.

_____ DATE: _____

(Parents or Guardian's Name)

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY IF PARENT OR GUARDIAN CANNOT BE REACHED:

_____ PHONE: _____

MEDICAL PROBLEMS THAT COACHES, UMPIRES AND SPONSORS SHOULD BE AWARE OF: _____

- **ALL PARENTS WILL BE REQUIRED TO VOLUNTEER IN SOME FORM.** PLEASE MARK WERE YOU WOULD BE INTERESTED IN HELPING - FIELD WORK _____, ANNOUNCING _____, COLLECTING GATE FEES _____.
- **ALL PLAYERS PARENTS WILL BE SCHEDULED TO WORK CONCESSIONS.**
- **PLEASE BE PREPARED TO HELP!!**

Please mail forms to: CYBO, P.O. Box 1293, Chadron, NE 69337

Or Drop off Forms at Westco; Gardner, Loutzenhiser, and Ryan, P.C. (formerly FALCO); or Owen Dental Care

LIABILITY WAIVER

We, _____ the natural parents and/or guardians of _____, do hereby consent that the said above player may play baseball in the Chadron youth Baseball Organization and realize that injuries may result to the above named player. We do hereby consent and agree that we will not sue or have cause to sue any individuals, corporations or sponsoring organizations for any injuries of any kind or nature, claims or damages, arising or resulting to/from the said player above while participating in any practice, scrimmage, scheduled games, transportation or activities relating to the youth's participation therein.

Date: _____ Phone: _____

Parent/Guardian Signature: _____