

Keene Cal Ripken Baseball Association

Serving the Communities of Keene, Gilsum, Marlborough, Stoddard, Sullivan, and Surry

2015 Spring Season Registration Form

Player Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

City: _____

Email: _____

Gender: ☐ Male ☐ Female

Guardian Name: _____

Relationship: _____

Phone: _____

Guardian Name: _____

Relationship: _____

Phone: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

School Name: _____ Grade: _____

Birth Date: ____/____/20____

Player's Age as of
04/30/2015

Min. Age	Max. Age	Player Age Range	Requested Division: (Please circle)
4	5	Born after May 1, 2009 and prior to April 30, 2011	Spring Tee Ball
6	7	Born after May 1, 2007 and prior to April 30, 2009	Spring Pee Wee
8	9	Born after May 1, 2005 and prior to April 30, 2007	Spring Rookie
9	11	Born after May 1, 2003 and prior to April 30, 2006	Spring Junior
10	12	Born after May 1, 2002 and prior to April 30, 2005	Spring Senior



Exceptions to Age Requirements

- 6 year olds are eligible to play in the Tee Ball League only if they have not previously played Tee Ball as a 4 or 5 year old.

- In order to be considered to play outside of defined Player Age Range, written request must be filed with the Board at the time of registration in accordance with KCRBA Player Request for Movement Procedure.

2014 Team(s): _____

Sibling within KCRBA League: _____

Sibling within KCRBA League: _____

Sibling within KCRBA League: _____

League Use Only

Date Paid: ____/____/20____

Cash

\$

Check #

\$

Player Fee(s):

Individual	Tee Ball Only	\$50
Individual	Pee Wee through Senior	\$70
Family (2)	Tee Ball and Pee Wee through Senior	\$85
Family (2+)	2 or more in Pee Wee through Senior	\$100

Medical Information

☐ NO CHANGES FROM PREVIOUS SEASONS

Preferred Doctor: _____

Phone: _____

Preferred Dentist: _____

Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____

Policy Number: _____

Medical History, Allergies, Medications, Special Condition, etc.:

PARENT AUTHORIZATION

PARENTAL AUTHORIZATION: I, the parent/guardian of the above named child, hereby give approval to their participation in any and all of the activities of Keene Cal Ripken Baseball Association (KCRBA) during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless KCRBA, the organizers, sponsors, and supervisors, any or all of them. In case of injury to my child, I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them.

RETURNED CHECKS: I agree to pay a fee of \$25 for any check issued to the league that is returned to the league by its bank as unpaid. This is to cover any bank charge and the normal cost of handling the item. If the \$25 fee is not paid I understand my child may not play in the league.

PLAYER TEAM ASSIGNMENT: There is NO guarantee that players are placed with a requested team, coach, or other players. Sibling options may be granted in the same division (based on ages) as defined in the local rules.

HOLD HARMLESS and RELEASE AGREEMENT: In consideration of participation in this program, the undersigned on behalf of himself/herself and on behalf of any minor child enrolled in the program by the undersigned in their capacity as parent/guardian, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of Keene, KCRBA and its officers and employees, and any community organization cosponsoring the program, from any and liability for any injury including death, or property damage, arising out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries or property damage due to the active or passive negligence of the City or KCRBA, its officers and employees. I have read the above Hold Harmless and Release Agreement fully and understand that I assume all risks from any injuries and property damage suffered.

MEDICAL RELEASE: I hereby authorize KCRBA or its authorized representative to consent to any emergency medical or surgical care that may be deemed necessary for my child named above while under League supervision. This will remain in effect from this day through this current year. I understand reasonable attempts will be made to contact me before use of this consent is made.

CODE OF CONDUCT: I acknowledge that KCRBA has a Code of Conduct Policy. The KCRBA Code of Conduct Policy is available upon request or can be downloaded from the Document Center on the KCRBA website. (<http://keenecalripken.baberuthonline.com>)

Player Team Assignment Requests (if any):

Parent/Guardian/Custodian: _____

Date: _____

Signature

Player Name: _____