

2025 ConVal Babe Ruth Baseball

For players Ages 13, 14 & 15 (born after 4/30/2009 and before 5/1/2012) from Antrim, Francestown, Bennington, Greenfield, Hancock, Peterborough, Sharon, Temple, and Dublin

Part of the Greater Keene Babe Ruth League

Fee: TBD

Season: May 15-June 30

Games scheduled to not conflict with school schedule (when seasons ovelap)

For questions please contact Matt Ferrisi at 831-818-2053 or mferrisi@wesleyan.edu

Participant's Name:_____ Age/Date of Birth: _____

Participant Shirt Size: YS YM YL S M L

Parent Name: _____Home/Cell Phone: (H)_____(C)_____

Mailing Address: _____email: _____

2nd Parent Name: _____Home/Cell Phone: (H)_____(C)_____

Mailing Address: _____email: _____

Emergency Contact if parent can't be reached: _____

Information we should know about your child (medical, allergies, social...): _____

_____

Parent Volunteer: Coach Asst. Coach Finding Sponsors

Parental Consent: I understand that the program I am registering for requires the participant to be in adequate physical condition, attentive and properly attired. All sports/activities are potentially dangerous and may result in personal injury to the participant. I hereby acknowledge I am registering my child and accept the risks inherent in the sport. Additionally, I understand that any injuries or illness sustained by my child will be my responsibility to pay for and that there is no medical insurance granted to my player/child when they

register for this program. I understand and give permission for ConVal Babe Ruth Baseball to seek appropriate medical care and transport in the case of injury or sudden illness.

In consideration of being allowed to participate in any way in the program, events or activity sponsored or authorized by ConVal Babe Ruth Baseball, I the undersigned, acknowledge, appreciate, and agree that: as a result of my child's participation in this baseball program.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the ConVal Cal Ripken Baseball League, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I or my child may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of parent/legal guardian: _____Date: _____

Printed name of parent/legal guardian: _____Date: _____

Not a ConVal School District Sponsored Event