

OFFICE USE ONLY	
Date	
Amount	
Payment Type\Intls	



2020 NBR Registration Form

Division _____
 Request to play up a division

BASEBALL

AGE	DIVISION	
4-6 Years Old	T-Ball	\$60
7-8 Years Old	Rookie	\$80

AGE	DIVISION	
9-10 Years Old	Minor	\$95
11-12 Years Old	Major	\$95
13-15 Years Old	Prep	\$125

SOFTBALL

AGE	DIVISION	
6-8 Years Old	Girls Softball 8u	\$80
10 Years Old	Girls Softball 10u	\$95

AGE	DIVISION	
12 Years Old	Girls Softball 12u	\$95
14-16 Years Old	Girls Softball 14u/16u	\$125

No refunds will be issued after March 7, 2020
\$20.00 Processing fee will be charged on returned checks

PLAYER NAME _____ Male ___ Female ___ Age ___

Parent(s) Name _____ Players Birth Date ____-____-____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email Address _____ Secondary Email Address _____

School Player Attends _____ Are you interested in coaching _____ volunteering _____

Jersey Size: Youth _____ Adult _____ Hat Size _____

*** Must reside within or attend school within the Nampa School District Boundaries ***
 Softball onlyMust reside in Canyon County**

EMERGENCY AUTHORIZATION

We, the undersigned parents/legal guardian of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as Agents for the undersigned to consent to medical, surgical or dental examination, treatment, etc. In case of an emergency, I/we hereby authorize emergency treatment and/or care of participant,

_____ at any hospital or medical facility.

(print name of player)

If there is an emergency and I/we cannot be reached, please contact the following, who is hereby authorized to act in my/our behalf:

_____ Contact Phone Number(s) _____

Print Name(s) _____
 Relationship to Player: _____

MEDICAL HISTORY

Does said child have a history of respiratory illness, allergies, or other medical conditions that could be vital to or limit participation? Yes No

(Please list conditions)

LEGAL AUTHORIZATION AND CONSENT: The undersigned parent or guardian of above listed player, hereby consents and agrees that said child may participate in Nampa Babe Ruth, Inc. and hereby releases and discharges Nampa Babe Ruth, Babe Ruth League, the City of Nampa, Nampa School District, NNU and all individuals involved in said activities from any and all liability resulting from injuries sustained by my child.

Parent/Guardian Signature _____ Print Parent/Guardian Name _____ Date Signed _____

League Use –

Player Returning _____ New Player B.C. Collected _____

Baseball Age on April 30 _____ 2020 Age Division _____
 Softball Age on Dec 31 _____ 2019 Age Division _____