

# WILLAMETTE AREA BABE RUTH

OFFICE USE
RETURNING PLAYER? _____
ADDRESS VERIFIED? _____
AGE VERIFIED? _____
TEAM/COACHES _____

## T-BALL REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF THIS FORM. IF ANY PORTION OF THIS FORM DOESN'T APPLY, PUT NA FOR NOT APPLICABLE.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age Today \_\_\_\_\_ Age as of April 30 (of current year)

Participant's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_ Area High School of Residence \_\_\_\_\_

Previous Baseball Playing Experience \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (if different) \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (if different) \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Signed (parent or guardian signature required in order for player to register.) \_\_\_\_\_ Date

BE SURE TO COMPLETE BACK SIDE >

WABREugene.com

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# CONSENT FOR TREATMENT & MEDICAL INFORMATION FORM

PLEASE FILL OUT BOTH SIDES OF THIS FORM COMPLETELY.  
IF ANY PORTION OF THIS FORM DOESN'T APPLY, PUT NA FOR NOT APPLICABLE.

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Health Insurance Carrier Name and Address

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Health Insurance Group Number

Subscriber Name

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Hospital Preference

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List any Allergies

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Other Medical Concerns

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Required Medication

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Doctor's Name

Phone

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Doctor's Address

City

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Dentist's Name

Phone

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Dentist's Address

City

In case of an accident or illness, I hereby authorize a representative of Babe Ruth Baseball to use his/her judgement in obtaining immediate medical care (parents will be notified in case of serious illness or injury as quickly as they can be reached, but this makes immediate treatment possible).

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Signed (parent or guardian signature required in order for participant to register.)

Date