

# Midlakes Babe Ruth

## 2022 Spring Registration Form

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Gender: Male Female

Email Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Division	Minimum Age	Maximum Age	
T-Ball	4	6	
Rookie	7	8	
Minor	9	10	
Major	11	12	

Please note that division placement is determined by the player's age as of May 1<sup>st</sup>.

Uniform Size	Shirt	Pant
Youth Small		
Youth Medium		
Youth Large		
Youth X-Large		
Adult Small		
Adult Medium		
Other		

**\*\*Any changes to uniform sizes after ordering will result in a reordering fee. Please use samples to determine correct size\*\***

### Medical Information

Preferred Doctor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Preferred Dentist Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical History: Allergies, Medications, Special Conditions, Etc.:

### Medical Authorization

#### PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

*NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.*

Participant Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian/Custodian Signature: \_\_\_\_\_

League Use		Copy on hand:	
How Paid?		Birth Certificate	
Check		Proof of Ins	
Cash		Buyout?	
Tot Amt Pd		Cherrydale?	