Hingham - Hull Babe Ruth League

P.O. Box 576 • Hingham, MA 02043-0576
www.hinghamhullbaberuth.org

2007 SUMMER
PLAYER APPLICATION & LIABILITY CLAUSE

_____ _____ _____
First Name MI Last Name

_____ Birth Date: _____ _____ _____
Age Month Day Year

_____ _____ _____
Street Address Telephone E-mail address

PLAYER INFORMATION

Height_____ Weight_____ Physical Impairment (if any)_____

2007 HHBR Team: _____ Position(s) Played _____

Do you play any other organized baseball? ❑ Varsity ❑ JV ❑ Freshman ❑ AAU ❑ Other

I hereby promise to conduct myself befitting to a ballplayer, to protect all team property and be a credit to my parents, teammates, the league, and myself. I hereby release, waive, absolve, indemnify or otherwise hold the Hingham/Hull Babe Ruth League, coaches, league officials, or other participants responsible for any injuries.

_____ _____ _____
Players Signature Date Parent/Guardian's Signature

Registration Fee of: $125.00 per player, $225.00 for two or more family members.
Full payment, photocopy of birth certificate and application must be received by no later than 6/2/2007.
No refunds will be authorized once the uniforms are distributed.

Mail payment, application and a copy of birth certificate to:
Hingham-Hull Babe Ruth League - P.O. Box *576* - Hingham, MA 02043

There will be no Tryouts. Player selection will take place the first week in June.

Parents interested in helping out, please check the appropriate box:

❑ **Manager** Name: _____ Phone: _____Email Address: _____

❑ **Coach** Name: _____ Phone: _____Email Address: _____

❑ **Other:** Name: _____ Phone: _____Email Address: _____

FOR OFFICE USE ONLY
League Age: _____
Check Number: _____
Other: _____