Hingham - Hull Babe Ruth League

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

PLAYER APPLICATION & LIABILITY CLAUSE

2008

_____ _____ _____
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)_____

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: $150.00 per player, $275.00 for two or more family members.
Full payment, photocopy of birth certificate and application must be received by no later than 3/1/2008.
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

Additional fees will be charged for Summer Tournaments and Travel team programs.

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

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: