

**REGISTRATION FORM FOR 2009 SEASON  
-- BETH - WOOD ROOKIES {BOYS & GIRLS} --**

PLEASE PRINT

Please indicate below {Ages are as of APRIL 30, 2009} :

Rookies -Boys & Girls (Ages 7 & 8)

Player's Name : \_\_\_\_\_

DOB : \_\_\_\_\_ League Age (as of **04/30/09**) : \_\_\_\_\_

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

Home Phone : (203) \_\_\_\_\_ Parents Names : \_\_\_\_\_

e-mail Address : \_\_\_\_\_ Team last year : \_\_\_\_\_

ATTACH COPY OF BIRTH CERTIFICATE IF THIS IS APPLICANT'S 1<sup>st</sup> YEAR IN *BETH - WOOD*

REGISTRATION FEES :	<b>ROOKIES : \$ 125.00</b>
<i>Note</i> : \$ 5.00 discount for 2 <sup>nd</sup> Child	\$ 10.00 discount for 3 <sup>rd</sup> + Child

REGISTRATION FEE \$ \_\_\_\_\_

\*PATRON AD (OPTIONAL) \$ \_\_\_\_\_ AD WORDING : \_\_\_\_\_

TOTAL COST : \$ \_\_\_\_\_

Make checks payable to "Beth - Wood Baseball League" or "B - W"

\* Help support the B - W by placing a Patron Ad in our 2009 B - W 37<sup>th</sup> Anniversary Program Book : Cost \$25.

Please check if you are interested in participating in either of the following :

All Stars / Baseball during the Summer \_\_\_\_\_

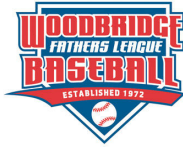
Fall Ball \_\_\_\_\_

**NOTE : Late Registrations may be accepted {additional cost of \$ 25. after Febraury 7<sup>th</sup>}**

**ATTENTION PARENTS – PLEASE VOLUNTEER !!**

The B - W needs your support on a number of key functions that are essential to ensure the continued success of the B - W. Please indicate by checking below if you can assist in any of these areas – Your time will be greatly appreciated !!

[ ] Sponsor a Team    [ ] Team Manager    [ ] Ass't Coach    [ ] B - W Auxiliary



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**CONSENT FOR TREATMENT**

Name of Child's Physician : \_\_\_\_\_

Physician's Phone # : 203-\_\_\_\_\_

List any Allergies : \_\_\_\_\_

Any Required Medications : \_\_\_\_\_

Name of Hospital preferred (if necessary) : \_\_\_\_\_

Father's Cell Phone Number : \_\_\_\_\_

Mother's Cell Phone Number : \_\_\_\_\_

In case of accident / illness or emergency, by signing this Registration form, I hereby authorize a representative of the *B - W* to use his / her best judgment in obtaining immediate Medical Care for my child (Parents, if not present, will be notified as quickly as they can be reached but this will make immediate treatment possible).

Also, by signing this Registration Form, we agree to fully comply with all of the *B - W* League Rules / Policies / Regulations as instituted by the *B - W* Board of Directors and to pay the entire cost indicated above at the time of Registration. If selected to participate in All Stars / Post Season Play or Fall Ball, it is understood that there will be an additional charge to cover the costs incurred for same that is **NOT** included in this Registration Fee. Note that **NO** refunds will be issued by the *B - W* under any circumstances once the Teams are drafted.

If you and / or your spouse want to become a Manager or Coach in the *B - W*, you agree that you must take the on-line Coaches Certifications Course offered through Babe Ruth League prior to the 2009 Season at a cost of \$ 19.95 to you, which is a mandatory requirement with no exceptions.

Parent's Signature : \_\_\_\_\_

Date : \_\_\_\_\_