



**REGISTRATION FORM FOR 2010 SEASON
-- BETH - WOOD MINORS --**

PLEASE PRINT

Please indicate below {Ages are as of APRIL 30, 2010} :

Boys Minors (Ages 9 & 10)

Player's Name : _____

DOB : _____ League Age (as of **04/30/10**) : _____

Address : _____ Town : _____

Home Phone : (203) _____ Parents Names : _____

e-mail Address : _____ Team last year ?? : _____

ATTACH COPY OF BIRTH CERTIFICATE IF THIS IS APPLICANT'S 1st YEAR IN BETH - WOOD

REGISTRATION FEES :	MINORS : \$ 155.00
<i>Note</i> :	\$ 5.00 discount for 2 nd Child \$ 10.00 discount for 3 rd + 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 2010 B - W 38th Anniversary Program Book : Cost \$20.

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 if room is available
{additional cost of \$ 25. after February 6th}**

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, 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 2010 Season at a cost of \$ 19.95 to you, which is a mandatory requirement with no exceptions.

Parent’s Signature : _____

Date : _____