



FRANCESTOWN CAL RIPKEN BASEBALL PROGRAM

Available to Frankestown resident
Boys and Girls Age 5-12 (as of 5/1/14)

\$35 signup fee per child, \$70 maximum per family
(please make checks payable to Frankestown Rec. Dept.)

**Please mail fees, registration form (only one player per form), and
copy of birth certificate to:**

Paul McGrath, 137 Main St., Frankestown, NH, 03043

For more information call 714-4060

Below form must be received by March 15th at the latest.

Child's Name _____ Grade _____

Birth Date _____ Age as of May 1st 2014 _____

Address _____ Phone _____

E-mail address _____

I, the parent/guardian of the above named child, hereby give my approval to his/her participation in any and all of the activities of the upcoming Cal Ripken baseball season. I assume and understand all risks and hazards incidental to the conduct of the activities, as well as any transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless, all volunteers, including, but not limited to, the coaches, umpires, organizers, sponsors, any or all of them, from any liabilities and/or negligence. I also understand the nature of baseball risks, and in the case of injury to my child, I hereby waive all claims against coaches, umpires, organizers, sponsors, any or all of them. By signing below I also authorize emergency medical treatment for my child if needed.

Guardian Signature _____ Date _____

Printed Guardian Name _____ Emergency Cell Phone _____

We need volunteers to help with the operation of this program. If you can assist please check below. Thank you in advance.

Coach____ Asst. Coach____ Umpire____ Score Keeper____ Concessions____

UNIFORM SIZES: CHILD - S M L XL ADULT - S M L XL