



# FRANCESTOWN CAL RIPKEN BASEBALL PROGRAM

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

Sign up at the Town Offices (downstairs)  
**Thursday March 8<sup>th</sup> from 5:30-7:30pm**

\$35 signup fee per child, \$70 maximum per family  
(\$15 late fee past March 8<sup>th</sup> if spots are still available)

**Please bring fees, registration form (only one player per form), and a  
copy of child's birth certificate to sign ups.**

*Forms can also be mailed to 137 Main St., Frankestown, NH, 03043*

For more information call Paul McGrath @ 547-2389

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## Frankestown Baseball Registration & Release Form

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of May 1<sup>st</sup> 2012 \_\_\_\_\_

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**