

AGE GROUPS:

ROOKIE LEAGUE 6 - 8 YRS
CAL RIPKEN MINORS 8 - 11
CAL RIPKEN MAJORS 10 - 12

**YOUR "LEAGUE AGE" IS YOUR
AGE ON APRIL 30, 2007**



SIGN UPS: 2/3 & 2/10

9AM - 12PM

HOLLIS TOWN HALL -
UPPER TOWN HALL

More information & additional
copies of forms available at:

www.HollisCalRipken.org

**HOLLIS CAL RIPKEN BASEBALL
2007 REGISTRATION FORM**

PLAYER: _____ **BIRTH DATE** ____/____/____

ADDRESS: _____

HOME PHONE: _____ **MALE FEMALE (CIRCLE ONE)**

***** YOUR "LEAGUE AGE" IS YOUR AGE ON APRIL 30, 2007 *****

I AM SIGNING UP FOR (CHECK JUST ONE):

8 YEAR OLD

CAL RIPKEN MINORS ASSESSMENT

(NOTE: 8 YEAR OLDS BEING ASSESSED FOR MINORS DO NOT PAY UNTIL AFTER ASSESSMENTS)

9 YEAR OLD

CAL RIPKEN MINORS

10 YEAR OLD

CAL RIPKEN MINORS

MAJORS ASSESSMET

11 YEAR OLD

CAL RIPKEN MAJORS

12 YEAR OLD

CAL RIPKEN MAJORS

FATHER: _____

CELL PHONE: _____

Email Address: _____

I CAN HELP: ___ COACH ___ FIELDS

MOTHER: _____

CELL PHONE: _____

Email Address: _____

I CAN HELP: ___ COACH ___ FIELDS

FAMILY DOCTOR (Optional): _____ **PHONE:** _____

The undersigned parent/guardian agrees to indemnify and hold harmless the Town of Hollis, the Hollis Recreation Committee, the Hollis Cal Ripken Association, all coaches, umpires, and other people helping with the program from damages resulting to my son/daughter while participating in the games and activities, or in transit to and from these activities. Furthermore, I agree to have my son/daughter treated for emergency medical and/or dental problems that should result from injuries received, providing a licensed physician and/or dentist advise such treatment. I accept full responsibility for all costs of such treatment.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PAYMENT:

- \$110 to: "Hollis Cal Ripken Baseball"

Hollis Cal Ripken Medical Release Statement

The undersigned parent/guardian agrees to indemnify and hold harmless the Town of Hollis, the Hollis Recreation Committee, the Hollis Cal Ripken Association, all coaches, umpires, and other people helping with the program from damages resulting to my son/daughter while participating in the games and activities, or in transit to and from these activities. Furthermore, I agree to have my son/daughter treated for emergency medical and/or dental problems that should result from injuries received, providing a licensed physician and/or dentist advise such treatment. I accept full responsibility for all costs of such treatment.

Parent/Guardian Copy

Do Not return this Copy with your registration form. This page is a copy of the Hollis Cal Ripken Medical Release Statement for your records.