

# JAMESTOWN BASEBALL LEAGUE 2010 REGISTRATION FORM

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

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

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

**Additional Email Address** \_\_\_\_\_

Town: change if NOT Jamestown \_\_\_\_\_

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

**E-mail Address\*:** \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Name(s) of siblings in Baseball League: \_\_\_\_\_

## **PLANNED LEAGUE STRUCTURE**

**League:** \_\_\_\_\_ **Age Groups: (ALL AGES ARE AS OF April 30, 2010)**

Cal Ripken Majors 9 – 12 years old (players must tryout if they did not play in the majors in 2009)

Cal Ripken Minors 8 - 10 years old

Rookies 6 & 7 years old

Tee Ball 4 & 5 years old

Structure may change depending on the number of players of each age that register. As stated in the Cal Ripken Rulebook, child must be 9 y/o to play in Majors. **No exceptions.**

## **REGISTRATION AND PAYMENT INSTRUCTIONS**

**REGISTRATION IS \$50 IF RECEIVED BEFORE MARCH 27. \*\* LATE REGISTRATION IS \$75.**

**Family Rates:** Families with more than 2 players in BASEBALL, pay for only 2 players. Please note: The SOFTBALL league has a separate registration form and process. DO NOT SEND SOFTBALL REGISTRATION TO JAMESTOWN BASEBALL

**Email Registration:** Fill out this form on your computer, save and email to [spivack@gso.uri.edu](mailto:spivack@gso.uri.edu).

**Paper Registration:** Fill out this form, print and mail to,

Dolores Bauer

405 Schooner Ave

Jamestown, RI 02835

**Online payment:** Go to [www.jamestownri.com/baseball](http://www.jamestownri.com/baseball) to pay online.

**Checks:** Make checks payable to:

### **JAMESTOWN BASEBALL LEAGUE**

Send checks to:

Dolores Bauer

405 Schooner Ave

Jamestown, RI 02835

\*Email address is used for communications only and will NOT be given to any outside organization(s).

\*\*Financial Assistance available - Any questions contact Stephen Cirella, League President at 423-1425

**WAIVER:** I understand the physical risks involved with participation in baseball and hereby release the Jamestown Baseball Association, its board members, and volunteers from responsibility for injury to my child while participating in Jamestown Baseball Association related activities.

\_\_\_\_\_  
(parent/guardian signature, sign or type)

\*\*\* Download this form and check out the league schedule at [www.jamestownri.com/baseball](http://www.jamestownri.com/baseball) \*\*\*