



UPPER TWP –OCEAN CITY BABE RUTH LEAUGE – 2012

Eligible players must reside in the communities of Ocean City, Sea Isle City or Upper Township (including Corbin City). Players must be 13 by April 30, 2012 and no older than 15 by that same date.



Player's Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ Zip \_\_\_\_\_
Player's Phone No. \_\_\_\_\_
Player's Email: \_\_\_\_\_
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on April 30, 2011 \_\_\_\_\_
Physical Limitations: \_\_\_\_\_
T-shirt size (circle one) YS YM AS AM AL AXL AXXL
Did You Play in UT last season? Yes No

Mother's/Guardian's Name: \_\_\_\_\_
Home No. \_\_\_\_\_ Cell \_\_\_\_\_
Email: \_\_\_\_\_
Father's/Guardian's Name: \_\_\_\_\_
Home No. \_\_\_\_\_ Cell \_\_\_\_\_
Email: \_\_\_\_\_
Please check if you are interested in being a:
\_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach

Registration Fee : \$100 per player (Checks should be made out to Upper Township Baseball, Inc.)

Questions regarding this opportunity should be addressed to:

Ocean City: Shaun Carr (609) 287-4688 Sea Isle City: Nichole Holt (609) 263-0050 Upper Township: Frank Fumo (609) 780-1415

I/We give permission for my son/daughter to participate in the Upper Township Baseball Program. I/We assume all risk of injury due to participation in this sport and release the Township of Upper and Upper Township Baseball, Inc. for any liability in this regard. I/We give permission for the Township of Upper to display my son/daughter's photo on UTTV Channel 2. I/We consent and grant Upper Township Baseball, Inc. permission to take photographs and record the Child in connection with activities involving programs of Upper Township Baseball, Inc. and to put the finished pictures, negatives, reproductions and copies or the originals of the Child on promotional materials of Upper Township Baseball, Inc., including but not limited to the website of Upper Township Baseball, Inc. Individual and group photos may show the name of players. I/We further agree and warrant the Child will not disaffirm or disavow this consent and permission on the grounds that the Child was a minor on the date of execution of this release or similar grounds, or attempt to recover from Upper Township Baseball, Inc. or any of its agents or representative any sums of money for participation in the promotional materials of Upper Township Baseball, Inc.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

League Use: Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Notes: \_\_\_\_\_
B/C reviewed? Yes No N/A

PLEASE PRINT AND FILL OUT THREE (3) COPIES OF THIS FORM