

CLCF CAL RIPKEN FALL BASEBALL REGISTRATION

PLAYER INFORMATION			
Child's Name		2010 Spring Team Name	
Address		Likely division next season (2011)	AA AAAjr AAA Maj
City and Zip		Home Phone	
Date of Birth		Cell/Work Phone	
Sibling Playing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address	
Sibling Name		Sibling Team Name	

FEES AND METHOD OF PAYMENT			
<i>Third Child (Sibling) No Additional Charge</i>			
<u>DIVISION</u>	<u>COST</u>	<u>METHOD OF PAYMENT</u>	<u>Rec'd By</u>
In House	Each Child	\$50.00 Check # _____ Cash _____	INITIALS _____
Two Children (Siblings)	\$75.00		
Third Child (Sibling)	No Charge		

*Completed form and check or money order made out to
CLCF Baseball should be mailed no later than July 15, 2010 to
 Steven Richard, 120 W. Blue Ridge Rd., Cranston, RI 02920*

MEDICAL INFORMATION	
Does your child have any medical conditions?	_____ Yes _____ No
Is your child currently receiving any prescription medication?	_____ Yes _____ No
CLCF should be aware that my child has the following medical condition. However, this condition will not prevent my child from participating in CLCF Baseball since the health risk is under control.	
Please Explain the child's condition:	

Please explain how the child is being treated for this condition:	

Please List any and all prescription medication your child is currently receiving and why:	

LIABILITY WAIVER AND CONSENT	
I realize that my child has an obligation to his / her CLCF Baseball Team. This includes participation in practices, games and other related obligations until the completion of the baseball season. The failure to honor these obligations (except for reasons of illness, academics or family hardship) may result in his / her being denied team and individual certificates and / or trophies. It may also result in his / her being denied participation in CLCF Baseball programs in the future.	
I will be responsible for payment of all registration fees, all uniforms and/or equipment and I agree to return same in as good condition it was received except for normal wear and tear.	
In accordance with section 7-6-21 of the general laws of Rhode Island entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events", I, as an individual and as a guardian, will not hold CLCF or its volunteers liable for any illness, injury or accident which occurs to him / her while he / she is participating in the program or traveling to or from practices, games or related activities. I further release, relinquish and waive any and all claims that I, he / she, or we may have from any accident, injury or illness that occurs as a result of his / her participation in the CLCF programs.	
I have read and understand the Liability Waiver. I consent to involve my child in the CLCF Baseball Program.	
Signature of Parent or Guardian	X _____

MAIL FORM AND PAYMENT TO:

Steven Richard
120 West Blue Ridge Rd
Cranston RI 02920

INTERESTED IN VOLUNTEERING	
_____ Coaching	_____ Fund Raising
_____ Concessions	_____ Umpiring
_____ Sponsoring	_____ Any Other Area of Need