

SPRINGFIELD BABE RUTH SPRING BASEBALL REGISTRATION APPLICATION

For SBRL use only

PLEASE PRINT LEGIBLY

Date Completed	Prep	AL/NL	Senior	Senior Travel
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PLAYER DATA

Player's Last Name	First Name	MI	League Age (SBRL use only)
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Residence Street Address	City	State	Zip Code	Birth Date / /
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Height	Weight	Shirt Size (adult) and Number choice (list 3 numbers in order of preference)
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Home Phone Number	Emails
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Player's Cell Phone Number	School	Volunteer
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Has the above address changed in the last 12 months? YES ___ NO ___

Will player be unavailable at any time during the season? YES ___ NO ___ If yes, when? _____

Any other organized sports during the Babe Ruth season? YES ___ NO ___ If yes, what sport? _____

Sibling also participating in SBRL this year? YES ___ NO ___ If yes, name and age? _____

Physical condition which might affect playing ability? YES ___ NO ___ If yes, describe: _____

PREVIOUS BASEBALL EXPERIENCE

Has player previously played organized baseball? YES ___ NO ___ If yes, how many seasons? ____

Name of last league played in _____ City _____ State _____

Name of last Spring team _____ Level (prep/ Amer(AL)/Nat(NL)/ seniors) _____

Does player want to return to last Spring's team? YES ___ NO ___ (if no, will be placed back in the draft)

Was player selected as an All Star last year? YES ___ NO ___

Has player been a member of a high school team? YES ___ NO ___ If yes, at what level? _____

Primary positions played last season _____ Previous seasons _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Last Name	First Name	Home Phone	Work Phone	Cell Phone
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Mother/Guardian Last Name	First Name	Home Phone	Work Phone	Cell Phone
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FEES

Registration: 1st Player \$200, 2nd Player \$150, 3rd Player \$100 (includes \$5.50 Co User Fee) \$ _____

Non County resident fee is \$30, please add extra \$10 to your reg. fee. SBRL will pay the difference. \$ _____

Late Fee: A late fee of \$25 will be assessed for each player registering after January 31. \$ _____

Total Registration Fee \$ _____ check # _____

Participation Fee (separate check) \$ _____ check # _____

Please initial here:

I have read the SBRL refund policy (see handbook) _____

I have provided and signed my/my child's consent for treatment form _____

I have provided and signed my/my child's code of conduct and concussion policy forms _____

I do not want my/ my child's registration information released to Fairfax County Department of Community and Recreation Services _____

SBRL APPROVALS

Birth Cert/ Passport	Boundary Check	Player Agent	Waiver Approval	Volunteer Application	Umpire	Sponsors	Participation Fee	Treasurer
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