

**CAL RIPKEN MINOR
(AGES 9 AND 10)**

TRY OUT NUMBER:

REGISTRATION FEE: \$50.00 (NON REFUNDABLE) \$20.00 Late Fee After February 22	Cash _____ Check _____
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CHILDS NAME: _____

PARNENTS NAMES: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

BIRTHDATE: _____ **AGE:** _____ **MALE/FEMALE** circle one

PLAYERS AGE IS DETERMINED BY AGE AS OF APRIL 30

DID YOU PLAY FOR GRAND CHUTE BASEBALL LAST YEAR? YES/NO

DO YOU PLAY OTHER SUMMER SPORTS? YES/NO

THIS LEAGUE IS RUN ENTIRELY BY VOLUNTEERS. PLEASE CHECK ANY OF THE FOLLOWING AREAS YOU WOULD BE INTERESTED IN HELPING WITH.

_____ HEAD COACH _____ ASST. COACH _____ TEAM HELPER _____ LEAGUE HELPER

Parent's statement of responsibility:

I, the undersigned parent or legal guardian, agree to allow my son/daughter _____ to participate in Grand Chute Baseball activities with the full understanding that there is no insurance coverage for participants. Accordingly, I agree to hold no coach, manager or other club official, the town of Grand Chute, or Outagamie Parks Department liable in any way, should my child sustain injuries while participating in any activities relating to Grand Chute Baseball.

Parents or legal guardian signature

date

Tournament eligibility: You must play exclusively for Grand Chute Baseball to be eligible to play tournament ball.

Additional Fundraiser required.