

2024 Northwest VT Babe Ruth Baseball Registration (Swanton, VT)

Player Name: _____ Player DOB: _____ Phone: _____

Address: _____ Town, State, Zip _____

Parent/ Guardian: _____ Home Phone: _____ Alt. Phone _____

Parent/ Guardian Email Address: _____

Emergency Contact Person: _____ Phone: _____

Medical Concerns / Allergies (List all in space provided):

Player Primary Care Physician: _____ Phone: _____

Insurance Co.: _____ Group # _____

Player shirt size: Youth sm() Youth Med(.) Youth Lg() Youth XL()
Adult Sm () Adult Med.() Adult Lg() Adult XL(.) Adult XXL()

Top Three # choices OR returning# _____

Medical Release Statement: I, _____ give permission for emergency medical care to be provided to my child _____ if deemed necessary.

I also release Swanton Babe Ruth and it's coaches from any personal liability in injuries resulting.

I / WE , the parents/guardian of the above child hereby give my permission and approval for him / her to participate in ANY and all baseball activities, including but not limited to games, practices, transportation to and from, fundraising endeavors, team building activities etc.

Parent / Guardian Signature: _____ Date _____

Cost: \$110 for registration / \$200for two from same household
- Includes Uniform, Hat, Player registration and insurance

Payable to : Mike Bessette

SEND TO:

Mike Bessette

153 Viens Road

St. Albans, VT 05478

Or email to: michaelbessette2@gmail.com