



**Jack Kroft Babe Ruth  
Baseball League, Inc.**

P.O. BOX 120  
FLANDERS, N.J. 07836

League Age: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

I/We the parents of the above named candidate for a position on Babe Ruth League Baseball team hereby give approval to participate in any and all Babe Ruth activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and, waive, release, absolve, indemnify and agree to hold harmless Jack Kroft League Inc. the organizers, sponsors, supervisors, participants and persons transporting to and from activities for any claim arising out of an injury, except to the extent and in the amount covered by accident or liability insurance.

I agree to return upon request the uniform and other equipment issued in good condition except for normal wear.

I will furnish a copy of a certified birth certificate for the above named candidate at the time of registration or when requested by the Jack Kroft League.

1. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Senior Babe Ruth**

4. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_