

New Bern Babe Ruth Girls Softball League
P.O. Box 14183
New Bern, NC 28560

Softball Registration Form

1. Please completely fill out this form. Print all information.
2. This form must be signed and dated by a parent or guardian.
3. A copy of the girl's birth certificate must accompany this form for registration. (New Players Only)
4. The \$35.00 fee must be paid at the time of registration. Please make checks payable to:
New Bern Babe Ruth Softball.
5. Parent/Guardian must sign parent contract.

First Name: _____ MI _____ Last Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Date of Birth: _____ Age as of January 1st: _____

Played New Bern Babe Ruth Softball last year? Yes / No Team Name: _____

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Employer: _____

Employer: _____

Home Telephone: _____

Home Telephone: _____

Work Telephone: _____

Work Telephone: _____

Cell Number: _____

Cell Number: _____

E-Mail _____

Primary Contact: _____

Uniform shirt information: (Circle One)

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult Extra Large

Jersey Number Requested: _____ 1st Choice _____ 2nd Choice _____ 3rd Choice - **No guarantees**

I/We the parents of the above named candidate for a position on a Babe Ruth Softball Team hereby give my/our approval for her participation on any and all Babe Ruth activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the New Bern Babe Ruth Softball League, Babe Ruth Softball, Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our daughter to or from activities, for any claim arising out of an injury to my/our daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our daughter in as good as condition as when we received it except normal wear and tear.

Signature of parent or guardian: _____ Date: _____

Indicate if you would like to volunteer to help:

Coach _____ Sponsor _____ Grounds _____ Manager _____ Newsletter _____

Team Mom _____ Concessions _____ Score Keeper _____ Other _____

To be filled out by a New Bern Babe Ruth Official
Player Information

Date Registered: _____ Age Division: _____

Proof of age documents verified by: _____ Fees Paid: _____ Received By: _____

Returning Players: Same Team _____ Draft _____

Craven County Recreation and Parks Department Parent Contract for Youth Sports

Purpose of Craven County Recreation and Parks

1. To actively encourage, provide and promote quality leisure, recreation, and cultural opportunities, facilities, and environments that are essential to the enhancement of the lives of our citizens.

Youth Sports

1. Youth enjoy numerous benefits from playing organized youth sports. Youth sports sponsored by the Craven County Recreation and Parks Department provide the opportunity for boys and girls to learn good sportsmanship and progressive skills. Youth participants learn how to work together, to enjoy winning, and how to deal with defeat all while becoming physically fit and healthy.
2. Parents of youth participants play a vital role in ensuring the success of the youth sport programs. In an effort to ensure the success of our programs and increase the benefits to our youth sport participants, the Craven County Recreation and Parks Department has devised the following parent guidelines. Please sign the lower portion of this contract.

Sport Parent Responsibilities

1. Encourage your child to play sports, but don't pressure him/her.
2. Help your child understand the valuable lessons sports can teach.
3. Help your child meet responsibilities to the team and the coach.
4. Turn your child over to the coach at practices and games. Don't coach from the stands.
5. Supply the coach with information regarding any allergies or special health conditions your child might have. Make sure your child takes any necessary medications to games and practices.
6. Remember that winning is not the most important outcome of games.
7. Remember that to be successful in games, participants must attend scheduled practices.
8. Discuss concerns or problems with coaches at the appropriate time and place in a positive manner.

Sport Parent Code of Conduct

1. Remain in the spectator area during games.
2. Converse with spectators of opposing teams in a spirit of fair play and sportsmanship.
3. Don't advise the coach on how to coach.
4. Don't make derogatory comments to coaches, officials, or players of either team.
5. Don't try to coach your child during the contest.
6. Be in control of your emotions.
7. Don't approach staff (Officials/umpires/scorekeepers) after games or practices in a threatening manner.

With my signature, I acknowledge that I have read these rules and guidelines. I understand that staff members may take the appropriate disciplinary action when necessary to ensure the successfulness of the youth athletic programs. I understand that if this contract is not returned to the coach, my child will not be able to participate.

Youth Participant- _____

Parent/Guardian Signature- _____

Date- _____