

**2010**  
**N.B. FAGAN / CAL RIPKEN BASEBALL LEAGUE**  
**REGISTRATION FORM**

**ELIGIBILITY:** Any child who is 4 years old before May 1, 2010,  
and who will **not** be 13 years old before May 1, 2010.

**REGISTRATION FEES:**

The first child is \$55.00, for each additional child in the same immediate family \$35.00.

**A COPY OF EACH CHILD'S BIRTH CERTIFICATE IS ON FILE.**  
**UNLESS A NEW CHILD IS REGISTERING, A COPY WILL BE REQUIRED.**

**MONEY ORDERS OR CHECK**

**Make payable to: N.B. FAGAN BASEBALL LEAGUE**  
(There is a \$25.00 service charge on all returned checks.)

**PLEASE PRINT**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

2009 Team: \_\_\_\_\_ T-Ball \_\_\_\_\_ Rookies \_\_\_\_\_ Farm \_\_\_\_\_ Majors \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

2009 Team: \_\_\_\_\_ T-Ball \_\_\_\_\_ Rookies \_\_\_\_\_ Farm \_\_\_\_\_ Majors \_\_\_\_\_

**\*IT IS EXPECTED THAT PARENTS/GUARDIANS WORK A MINIMUM OF ONE TIME**  
**IN THE CONCESSION STAND\***

I, the undersigned, being the parent or legal guardian of the above child/children, do hereby grant permission for his/her participation in the N.B. Fagan Baseball League program, sponsored by the N.B. Fagan Baseball League of New Britain, CT. I assume all risks and hazards incidental to said activities, including transportation involved. I waive all claims against, and release and hold harmless N.B. Fagan Baseball League and its organizers, sponsors and supervisors in case of any injury to my son/daughter resulting from activity.

**I also agree to be responsible for the return of any uniform provided to my child /children and for his/her timely transportation to and from games and/or practices.**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Registrations by Mail send fee & copy of Birth Certificate to:  
N.B. Fagan Baseball League, c/o Stacey Murphy, 277 Rocky Hill Ave. New Britain, CT 06051.  
Any questions call: 826-8117.

I am interested in Coaching: \_\_\_\_ Umpiring: \_\_\_\_ Concession: \_\_\_\_ Team Mom/Dad: \_\_\_\_ Fall Ball\* \_\_\_\_  
(\*A Separate Fee Applies)