

2011 APPLICATION FOR: Sebago Long Lake – Cal Ripken, Tri County Babe Ruth or Little League REPRESENTING RAYMOND BASEBALL/SOFTBALL	Raymond Baseball / Softball Use Only	
	New Entry?	
	Amount Paid	
	Check#	

PLAYERS NAME	BIRTHDATE (mm-dd-yy)	AGE Softball
STREET ADDRESS	HOME PHONE	AGE BASEBALL
RAYMOND, MAINE 04071 CITY, STATE, ZIP	PARENT/GUARDIAN NAME	SEX
PARENT'S E-MAIL ADDRESS #1	PARENT'S E-MAIL ADDRESS #2	

PLEASE LIST ANY ALLERGIES, PHYSICAL LIMITATIONS, OR MEDICAL CONCERNS

FAMILY DOCTOR	DOCTOR PHONE	HOSPITAL PREFERENCE
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2009 RAYMOND BASEBALL/SOFTBALL PLACEMENT	Division:	Team:
2010 RAYMOND BASEBALL/SOFTBALL PLACEMENT	Division:	Team:

2011 DESIRED PLACEMENT – PLEASE CIRCLE (TAKEN INTO CONSIDERATION, NOT GUARANTEED)					
(\$35)	T-BALL	CO-ED M&W	CO-ED T&TH		
We are also <i>considering</i> a BONUS Girls Saturday T-Ball team that would play against Windham girls teams. Interested? Yes No					
(\$50)	BASEBALL	ROOKIE	MINORS	MAJORS	SR. LEAGUE (\$85 for Senior League)
(\$50)	SOFTBALL	ROOKIE	MINORS	MAJORS	

PARENTS, PLEASE VOLUNTEER FOR ONE OF THE FOLLOWING: (PLEASE CIRCLE)				
COACH	UMPIRE	TEAM PARENT	CONCESSION	GENERAL VOLUNTEER

I, THE PARENT OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A RAYMOND BASEBALL/SOFTBALL TEAM, HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ANY AND ALL RAYMOND BASEBALL/SOFTBALL ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES. I KNOW THAT PARTICIPATION IN BASEBALL OR SOFTBALL MAY RESULT IN SERIOUS INJURY AND PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES. I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL RAYMOND AND SEBAGO LONG LAKE DIVISION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY CHILD WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE. I AGREE TO RETURN THE UNIFORM AND OTHER EQUIPMENT ISSUED TO MY CHILD IN AS GOOD CONDITION (NORMAL WEAR AND TEAR EXCLUDED) AS WHEN RECEIVED, UPON REQUEST. I WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE NAMED CHILD TO LEAGUE OFFICIALS (ONLY WHEN REQUESTED).

PARENT / GUARDIAN NAME (PRINT)	SIGNATURE	DATE
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