

MARLBOROUGH YOUTH ATHLETIC LEAGUE

2008 Fall Babe Ruth Baseball Registration

Registrations will be accepted at the Richmond Memorial Library, 15 School Drive, Marlborough CT from 5:30 pm to 8:00 pm on the following dates: Monday, August 4 & Thursday, August 7
Monday, August 11 & Thursday, August 14

DEADLINE: Registration is on a first come, first serve basis. Generally, a limited number of teams are fielded. Players registering after a team roster is filled will be kept on a waiting list until there are enough players to form another team.

FEES: \$80 per player Please make checks payable to M.Y.A.L.

NOTE: M.Y.A.L. policy is that every Marlborough child should have the opportunity to participate in sports programs. If your family is experiencing a financial hardship, please contact M.Y.A.L. Karl Hespeler at 295-0870.

This Registration form is for all players who will be participating in Babe Ruth next spring. (Birth date between May 1, 1993 and April 30, 1996)

Separate registrations are being conducted for Youth participating in Minors or Majors.

Fall League is set-up for the development of the younger players and to have a low pressure, fun season. The season will run from Late August or Early September through Mid October. Games will be played according to Babe Ruth Baseball rules. Home games will be played at Marlborough West Road Memorial Field.

Coaches will contact players when rosters are set.

QUESTIONS?

Contact Dave LeJeune, 295-9967 (dflejeune@sbcglobal.net) or Gordon Henley, 295-9066 (ghenley5@aol.com).

VOLUNTEERS NEEDED: Please indicate on the form if you are able to volunteer.

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A separate registration form is required for each child.

FALL 2008 - BABE RUTH BASEBALL REGISTRATION FORM

(PLEASE PRINT CLEARLY)

PLAYER NAME: _____

ADDRESS: _____ PHONE: _____ 9/03 GRADE: _____

DATE OF BIRTH: _____ 4/30/2009 AGE: _____ EMAIL: _____

ADULT PARTICIPATION: Head Coach: _____ Ass't Coach: _____ Umpire: _____ Other: _____

Having been informed of the organization of the M.Y.A.L. Baseball Program in the town of Marlborough, CT, to provide supervised baseball activities and games for youth, I/we, the parent(s) or legal guardian(s) of the above named registrant, do hereby give my/our approval for his/her participation in any and all of the activities during the current baseball season. I/we do assume all the risks and hazards incidental to the conduct of activities, transportation to and from the activities, and I/we do further hereby release, absolve, indemnify and hold harmless the program organizers, the league and any supervisors, managers, or coaches any or all of them. I/we further agree to accept the results of whatever selection process for travel and/or all-star teams that may be employed.

PARENTS/GUARDIANS SIGNATURE: _____

PARENTS/GUARDIANS NAME(S) (Please Print): _____