



2019 Player Registration Form

**Please Print Clearly**

**Player Identification:**

Player's First and Last Name: \_\_\_\_\_ Gender: (circle one) M F  
Date of Birth(m/d/y): \_\_\_\_\_ Height / Weight: \_\_\_\_\_  
AB Health Care #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/PR: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Guardian/Parent Information:**

Parent #1 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent #2 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email (s) \_\_\_\_\_

**Medical Information about Player (Outline all relevant physical or medical problems for the League's attention)**

**Please complete and sign 2 copies of the Consent for Treatment Form and hand in with registration.**

**All Players:** With which other league will you play this spring? \_\_\_\_\_

**New Players:** Years in Baseball: \_\_\_\_\_ Years Since Last Played: \_\_\_\_\_

League Played for in 2017: \_\_\_\_\_ Team: \_\_\_\_\_

Did you play Fall Ball in 2017 with Alberta Cal Ripken? Yes No

Returning Players: *Previous CR teams:* \_\_\_\_\_ *Travel Team:* \_\_\_\_\_

Do you want to be evaluated as a Pitcher or Catcher? Yes No

Best Two Positions (other than Pitcher/Catcher, be specific) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Bats: R L Switch

Throws: R L Switch

**Family Volunteer Information: ACR has implemented a volunteer policy.**

**Name of Volunteer:** \_\_\_\_\_

**Select which team duty(s):**

|                                 |                   |                        |                     |                            |
|---------------------------------|-------------------|------------------------|---------------------|----------------------------|
| Administrator                   | Registrar         | Equipment Coordinator  | Casino Director     | Casino Worker              |
| Social/Silent Auction Committee | Safety Officer    | Concession Coordinator | Board of Directors  | Team Volunteer Coordinator |
| Team Parent                     | Concession Helper | Scorekeeper            | Scoreboard Operator | Announcer                  |
| Coach (existing)                | Pointstreak Entry | Field Prep Help        |                     |                            |

I hereby expressly and affirmatively state that I, named herein, wish to participate in the above activity. I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I understand the risks of my participation in this activity and knowing and appreciating these risks I voluntarily choose to participate, assuming all risks of injury or even death as a result of my participation.

I/We agree to the following use of personal information: Alberta Cal Ripken stores registration information you provide in a league registration database for use by league executive, team managers and coaches, and evaluators. Information supplied on this form will be provided to Babe Ruth Inc. and affiliates of Alberta Amateur Baseball Council for the purpose of submitting official team rosters. Your contact information may be distributed to other league registrants as part of a team contact list. You may be contacted by telephone, electronic mail, or postal mail regarding baseball related events. You and/or your child may appear on the league's website in a team or individual photograph, and you and/or your child's name may be mentioned in a journalistic story, however your contact information will not be displayed on the website without your permission.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Note: Your registration will not be processed until all information, fees and deposits are received.**  
**REFUNDS/CANCELLATION POLICY:** No refunds after February 28 (unless player is not drafted). Tryout fee is non-refundable. No refunds will be given due to injury or inclement weather.