

**RAMSEY BASEBALL ASSOCIATION  
FALL 2010 APPLICATION**

***THIS FORM IS FOR TINY TIM, MINOR, MAJOR, & BABE RUTH LEAGUE PLAYERS ONLY.***

**GUIDELINES**

This year's fall program will run from early September through the end of October. Each team will play approximately 8-10 games plus playoffs. Ramsey teams will be playing teams from other towns. The number of teams and players who can participate will be based on the number of players and coaches interested.

Registration is open to all players with the following teams forming: Please check one. **AGES AS OF 4/30/2011**

**Please note that we move up in the fall (ie. If you just played Spring/Summer as a 10U, you are now 11U).**

- \_\_\_\_\_ 8 & 9 year old teams. 1 game per week is played on Sunday. A few games may be played on Wednesday nights early in the season.
- \_\_\_\_\_ 10 year old teams. 1 game per week is played on Sunday. A few games may be played on Wednesday nights early in the season.
- \_\_\_\_\_ 11 year old teams. 1 game per week is played on Sunday. A few games may be played on Wednesday nights early in the season.
- \_\_\_\_\_ 12 year old teams. 1 game per week is played on Sunday. A few games may be played on Wednesday nights early in the season.
- \_\_\_\_\_ New 13's, pre-Babe Ruth. These players are moving to the Babe Ruth leagues for the first time next spring. There may be the opportunity to play on a 50' (pitching distance) x 70' (bases) field. That determination will be made upon interest, league and field availability.
- \_\_\_\_\_ 14 – 15 year old teams. These are players that have already played on the 60/90-size. One game per week is played on Sunday. A few games may be played on Wednesday nights early in the season.

**REGISTRATION INSTRUCTIONS**

Please fill out information on this form (front and back) and return with payment and a copy of player's birth certificate.

**Registration By Mail only (Postmark by 8/12/10)**

**Ramsey Baseball Association  
c/o Fall Ball  
PO Box 771**

***REGISTRATION DEADLINE: MAIL POSTMAKED BY Aug12. Spots are limited and are on a first come first served basis. Applications received after Aug 12 will be put on a waiting list***

*Any questions please contact Alan Reisfield - (201) 401-8898 or [areisfield@optonline.net](mailto:areisfield@optonline.net)*

**Please complete the information below:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (as of 4/30/11) Grade going into \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Team: \_\_\_\_\_ **Email:** \_\_\_\_\_

Will your child be playing other sports that may conflict w/ Fall Baseball? YES / NO (circle one)

**REGISTRATION FEE IS \$85** Fee includes all participation costs (e.g. equipment and umpires).

**(Uniform Shirt must be purchased for travel programs) See website for travel jersey order form.**

**VOLUNTEER ACTIVITY:** MANAGER \_\_\_\_\_ ASST COACH \_\_\_\_\_ SNACK STAND \_\_\_\_\_

I hereby agree to permit the above named minor to participate in all the activities conducted by the RBSA during the 2009 fall season. I understand that the registration fee also covers a group accident policy purchased by the RBSA. This policy is supplemental to my own insurance and carries a \$50 deductible. I understand that the policy is in effect during the season and applies to all games, practices and tournaments. Further I hold harmless the RBSA, its officers, coaches and volunteers for any damages, injury, and any costs, associated with or subsequent to the above minor's participation. I also understand that I am responsible for the cost of any uniform not returned in a clean and undamaged condition.

## Medical Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: Bee/Insect \_\_\_\_\_ Medication \_\_\_\_\_ Other \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Ongoing conditions \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency phone number(s) \_\_\_\_\_

**I give permission for any officer of the Ramsey Baseball Association, or any adult acting as their agent, to seek medical assistance in the event it is needed. If I cannot be reached, I give permission for emergency medical personnel to take whatever steps are necessary to insure the proper course of treatment for the above minor.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_