



Seymour Babe Ruth Baseball, Inc.
P.O. Box 334, Seymour, CT 06483

REGISTRATION FORM

Board of Directors

Bill Sawicki **Player Name** _____

Bill Paecht **Address** _____

Jack Jurkowski **Age (as of May 1st)** _____ **Date of Birth** _____

Dominick Bellucci **Home Phone** _____ **Cell Phone (parent)** _____

Jim Filipowich

Gary Popeliasz **Email contact(s)** _____

Mike Godette **Does player have any medical conditions or allergies:**

Emergency contact (with phone #) _____

May an ambulance be called and the player transported to a medical facility if deemed necessary due to sickness or injury: _____

Does the player have any restrictions in participating in our program _____

If "Yes" explain _____

I give _____ **permission to participate in the Seymour Babe Ruth program.**

(Parent/Guardian)

Date

Registration Fee: \$50 – please mail to the above address with this form