



Year: 2021

Registration/Liability Waiver

Please write as legibly as possible to ensure of accurate communications from the league and teams

Player's Name: _____ Date of Birth _____

SPRING ONLY: Shirt Size (Adult sizes, **circle one**): Small Medium Large XL Other size: _____

Fitted Hat Size (if known): _____

Address: _____

City: _____ Zip: _____

Mother's Name: _____ Phone: (_____) _____

Father's Name: _____ Phone: (_____) _____

Primary Email (For All League/Coach Correspondences): _____

Secondary Email: _____

Please note any medical condition/allergies/required medications, etc. we should be aware of:

Participation in any baseball activity at Ivan Miller Field (8141 Gulana Ave., Playa Del Rey, CA 90293) is solely at the player's own risk. The Sempra Energy Corporation, The Southern California Gas Company, Westchester Babe Ruth Baseball and all its Board of Directors, Managers, Coaches, or any other volunteer acting on behalf of, and with the permission of, Westchester Babe Ruth assume no responsibility for any injuries incurred from any activity at Ivan Miller Field (8141 Gulana Ave., Playa Del Rey, CA 90293) or any other facility utilized by Westchester Babe Ruth. Parking anywhere at Ivan Miller field is solely at your own risk. Sempra Energy Corporation, The Southern California Gas Company and Westchester Babe Ruth Baseball are not responsible for any damage to any vehicle resulting from any activity at Ivan Miller Field (8141 Gulana Ave., Playa Del Rey, CA 90293).

Acknowledgement

As Parent or Legal Guardian of: _____,

Player's Name

In consideration of acceptance to participate, (I) (We), hereby for myself, my heirs, executors and administrators agree to waive, release, absolve, indemnify and hold harmless Westchester Babe Ruth Baseball, its Board of Directors, Managers, Coaches, or any other volunteer, acting on behalf of, and with the permission of Westchester Babe Ruth Baseball, and Sempra Energy, namely the Southern California Gas Co, its supervisors and employees, for any and all claims arising out of an injury to my child while participating in activities relating to his/her participation in Westchester Babe Ruth Baseball. My signature below authorizes a representative of Westchester Babe Ruth Baseball to obtain medical treatment for my child, if necessary, in the event I cannot be reached.

Signed:: _____

Parent or Legal Guardian

Date