

2022 PLAYER REGISTRATION FORM

PLAYER INFORMATION

First Name:

Last Name:

Date of Birth:

(m/d/y)

AB Health Care#

Address:

Gender: M

F

Height:

Weight:

City/Pr:

Postal Code:

GUARDIAN / PARENT INFORMATION

Parent #1 Name:

Email:

Parent #2 Name:

Email:

Cell#

Cell #

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

OTHER PLAYER INFO

New Players

Years in Baseball:

Years Since Last Played:

League Played for in Spring/Summer:

Team:

Did you play Fall Ball last year with Alberta CalRipken?

Yes

No

Returning Players

Previous CR Team(s)

All Players

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

S

Throws

R

L

S

FAMILY VOLUNTEER INFORMATION: ACR HAS IMPLEMENTED A VOLUNTEER POLICY

Name of Volunteer _____

Select which team duty

Fundraiser Coordinator

Casino Worker

Team Parent

Casino Director

Coach (existing)

Field Prep Help

Team Volunteer Coordinator

I hereby expressly and affirmatively state that I, names 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 fro 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

PAYMENT INFORMATION

Note: Your registration will not be processed until all information, fees, and deposits are received

REFUNDS/CANCELLATION POLICY

No refunds after once play starts (unless player is not drafted). Tryout fee is non-refundable. No refunds will be given due to injury or inclement weather.

CREDIT CARD AUTHORIZATION

Card Holder Name: _____

Credit Card Number: _____

Expiry Date: _____

CVV#: _____

Card Holder Signature: _____

Email: _____

Complete this form and return it to admin@albertacalripken.ca