

DERBY BASEBALL ASSOCIATION REGISTRATION FORM

DERBY BASEBALL ASSOCIATION IS NOT A PART OF THE DRC

RETURN FORM TO THE DERBY RECREATION COMMISSION, THEN DO NOT CONTACT THE DRC AGAIN

**Any Questions Please visit our website: derbybaseballassociation.com OR
ELDON VENTEL 316-640-1466 OR DWIGHT RITTER 316-204-0711 DO NOT CALL THE DRC!**

All Derby Baseball Association participants MUST attach a certified copy of their birth certificate with this registration
Your child WILL NOT BE ELIGIBLE TO PLAY until a copy is on file with DBA. AND ALL FEES ARE PAID

Fee Amount \$ 95.00 before FEB 28 or \$1140.00 per team

\$100.00 on FEB 28 through March 18 OR \$1200.00 per team

\$105.00 on Marc18 through March 31 OR \$1260.00 per team

Eligibility: PARENT OR LEGAL GUARDIAN. must reside within the boundaries set forth by Babe Ruth/Cal Ripken Inc. WHICH ARE THE DERBY SCHOOL DISTRICT.

Refund If your child decides not to play after signing up this refund policy will apply. A full refund will be given prior to the first schedule game or tournament. A 50% refund will be given after the first game only. No refunds will be given after that! Any other situations will be by DBA board.

SIGN UP DATE: _____

Player's Full Name: _____

Street Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age as of May 1st 2019: _____

Contact Phone: _____ E-Mail Address: _____

Parent(s) or Guardian(s) Name: _____

Emergency Contact: _____ Emer. phone: _____ **

Babe Ruth/Cal Ripken Coach Played for Last Year: _____

New to Babe Ruth/Cal Ripken Division: Yes or No (Circle One)

I am the parent/guardian of the above named player and I give permission for that child to participate in the Derby Baseball Association program I will ensure that they attend practices and games I also understand that whoever supervises and sponsors the team is not held liable in any way for accident or injury occurs while traveling to or from games or on the field. I the parent/guardian am responsible for the player's good conduct, sportsmanship and will follow the coach's or his designees' instructions. I attest that to the best of my knowledge that my child is in good physical condition and I accept all responsibility and expense in case of an accident or injury.

Date: _____

Signature of Parent or Guardia

I am willing to be a Head Coach: Yes or No (Circle One) If yes age division: _____

I am willing to be an Assistant Coach: Yes or No (Circle One) Age division: _____

I am willing to volunteer at one of our fund raiser tournaments: Yes or No (Circle one)

CONTACT ELDON VENTLE 316-640-1466 OR DWIGHT RITTER 316-204-0711