

Hancock Con Val Cal Ripken Registration Form and Instructions

Hancock Parents and Players, it is time to register for the 2017 Con Val Cal Ripken baseball season. Any child born between May 1, 2004 and April 30, 2012 and is a Hancock is eligible to play this season.

Please complete the form below for each player and return it with the appropriate fee. For all new players, please include a copy of the child's birth certificate. **This year all Minors and Majors players must participate in one of the following evaluation days:**

February 18 or 19, 10 am-1 pm in Peterborough or March 11 or 12, 10 am-1 pm in Antrim.

Weather permitting, the Minors and Majors season will begin the third weekend in April. Please return this registration for by March 15, 2017.

Late registrations will be accepted until April 1, 2017 and late registrants may be placed on teams in other Con Val towns or may not be eligible to play.

Registration Details

Division	Ages	Date of Birth	Fee
Tee Ball	5/6	5/1/2010-4/30/2012	\$35.00
Rookies	7/8	5/1/2008-4/30/2010	\$35.00
Minors	9/10	5/1/2006-4/30/2008	\$45.00
Majors	11/12	5/1/2004-4/30/2006	\$45.00

Family maximum fee for all age groups will be \$85.00. Please make checks payable to:
"Town of Hancock"

**Registration form on the reverse side of this page
Please complete one form for each participant**

Mail registration form with payment to:

Town of Hancock c/o Youth Baseball
50 Main Street, PO Box 6
Hancock, NH 03449

Forward questions to John Reitnauer, Hancock Con Val Cal Ripken representative at coachrit@gmail.com.

Hancock Con Val Cal Ripken Registration Form

Player's Name _____ Phone# _____

Player's Address _____

Email Address _____

Player's Date of Birth _____

Circle Division:

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Rookies	7/8	5/1/2008-4/30/2010	\$35.00
Minors	9/10	5/1/2006-4/30/2008	\$45.00
Majors	11/12	5/1/2004-4/30/2006	\$45.00

Please provide the names, email addresses and phone numbers and of both parents and guardians.

Parent/Legal Guardian Name 1: _____ Email: _____ Phone: _____

Parent/Legal Guardian Name 2: _____ Phone: _____

Please provide the names and phone numbers people who we contact in the event that we cannot reach a parent in an emergency:

Emergency Contact Name 1: _____ Phone: _____

Emergency Contact Name 2: _____ Phone: _____

Parent/Guardian Consent/Waiver/Release: Participation in this sport/activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Hancock, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity described in this application. In addition, I give my permission for the agents, servants, employees, and officials to the Town of Hancock to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Signature of parent/legal guardian:

_____ **Date:** _____

We are also looking for volunteers to help with the operation of this program. If you could assist us please check below and thank you in advance for your help.

Coach ____ Assistant Coach ____ Umpire ____