

2017 WHABL - Returning players have until March 31, 2017 to register to be guaranteed a spot in the league. New players will be placed on a first come first serve basis until the league is full, with registration beginning in January 2017

R N
Check # _____
Date: / / 2017

2017 WEST HARTFORD ALUMNI BASEBALL LEAGUE
Ages 13, 14, 15 & 16 (Born on or after May 1st 2001)

Player's name: _____ Birth Date: ____/____/____

Phone: _____ Email: _____
Phone: _____ Email: _____

Address: _____ Zip: _____

Age as of April 30th 2017: _____
School: _____ Current grade: _____

Primary Position: _____ Secondary Position: _____

Spring 2016 Team: _____ Spring 2016 League: _____

Did you play Fall Ball Yes _____ No _____

Interested in trying out for a Spring Travel Development Program Yes ___ No ___
(WH THUNDER U14-WH LIGHTNING U13) Will advise on tryout dates

Does your child have any medical condition(s) that the WHABL should be aware of?

YES NO If Yes - Explain: _____

In case of emergency – contact name: _____ Tel# _____

PARENTS STATEMENT: I/we understand that the West Hartford Alumni Baseball League, Co-sponsored by the Division of Leisure Services, Town of West Hartford, CT, has been organized to provide supervised baseball for the youth of the town and I/we the parents or legal guardians of the heretofore named player, do hereby give my/our approval to his/her participation in any and all activities during the current season. I/we do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from activities; and I/we do further hereby release, absolve, indemnify and hold harmless to the Alumni League, Inc., the organizers, sponsors, supervisors, coaches, officers any or all of them. I/we certify that my/our son/daughter has had a physical examination in the last year and is physically fit to play baseball. I/we waive all claims against the organizers, sponsors, or any supervisors, coaches, officers appointed by them. I/we release from responsibility any person transporting my/our child to or from the activities. We also understand that we are responsible for the return of player's uniform pants and jersey to the team coach upon the conclusion of the season. I/we hereby agree to reimburse the Alumni League \$75 for any lost or missing uniform jersey.

PARENT OR GUARDIAN SIGNATURE _____

DATE SIGNED _____ **PRINT NAME** _____

Registration fee: \$125.00 Donation \$ _____ Total \$ _____

Make checks payable to: **WHABL (West Hartford Alumni Baseball League)**

Mail to: **Jeff Wittstein– Registrar WHABL** Questions – Contact by:

9 Farm Hill Road

Phone: 860-214-6987

West Hartford, CT 06107

Email: jawit@comcast.net

(For additional information please visit)