

# TOM BROWN'S ROOKIE LEAGUE

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## APPLICATION

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### PLAYERS

NAME \_\_\_\_\_ AGE M F BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### MOTHERS

NAME \_\_\_\_\_ EMPL \_\_\_\_\_ PH \_\_\_\_\_

### FATHERS

NAME \_\_\_\_\_ EMPL \_\_\_\_\_ PH \_\_\_\_\_

### STUDENTS

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

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Please check the sports(s) for which you are registering:

FALL BASKETBALL \_\_\_\_\_

WINTER BASKETBALL \_\_\_\_\_

BASEBALL-PITCHING MACHINE: Spring \_\_\_\_\_

BASEBALL-"LIVE PITCHING"-FENWAY PARK BASEBALL: Spring \_\_\_\_\_

FLAG FOOTBALL: Fall \_\_\_\_\_

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*Your signature is required on the "Disclaimer" of this application before the student will be allowed to participate in the programs. If you do not understand something, please call us and we will be glad to explain it to you.*

*Tom Brown's Rookie League is a Non-Profit Organization. Programs used are with permission by Tom Brown.*

# **DISCLAIMER**

**My signature below signifies that I have read, understand and agree to the terms of participation in the Rookie League Sports International, Inc. t/a Rookie League Sports that are listed below:**

**I/We, the Parents or Guardians of the named Player know that participation in Basketball, Baseball, Flag Football or any sport may result in serious injuries and protective equipment does not prevent all injuries to players;**

**I/We agree that I/We will have no claim against Tom Brown's Rookie League, Coaches, Referees, Organizers, Supervisors and or Participants for any losses or injuries my Child/Ward may sustain while participating in any of the programs.**

**I will furnish a Birth Certificate with this Application, if requested.**

**I give my permission, free of charge for filming any events that include my son, daughter or ward. I understand that filming may be used commercially and I give up all of my rights and the rights of my heirs or assign to receive compensation of any kind pertaining to such filming.**

**List physical or mental limitations the registered student has \_\_\_\_\_**

**Refund Policy: Up to the day the program starts, eighty percent of your payment may be refunded if requested.**

**MY SIGNATURE \_\_\_\_\_**