



Player Option Form

Sparks Babe Ruth Baseball League, Inc.
Serving the youth of Nevada since 1974

TEAM: _____ **DIVISION:** _____

As Manager of the above team, I request the following options be placed to my team:

MANAGER OPTION:

Player's name: _____

Manager's name: _____

COACHES OPTION:

Player's name: _____

Coaches name: _____

Manager/Coach Information:

By having your child optioned to this team, you are required to be present for at least 75% of league-sponsored activities. This is to include practices, games, meetings, field days and post season activities. If you do not meet these requirements, your child will be removed from this team, and you will not be allowed to manage or coach in Sparks Babe Ruth. Additionally, you will be refunded your registration fee at a pro-rated amount to be determined by the league based on equipment received and games played. By signing below, I agree to these conditions.

Manager signature: _____ Date: _____

Coach signature: _____ Date: _____

Sibling Option:

Player's name: _____ Sibling name: _____

Parent signature: _____ Date: _____