

WARREN COUNTY BASEBALL/SOFTBALL LEAGUE

Registration

HOPE TOWNSHIP RECREATION

2017 Baseball, Softball and T- Ball Registration

I wish to volunteer for (please circle): Coach / Assistant Coach / Team Parent / Field Maintenance / Field House Coordinator
All coaches are required to have a background check and coaches certificate. You will be reimbursed for this expense*

SHIRT SIZE: YS, YM, YL, YXL, AS, AM, AL, AXL PANTS - Will no longer be handed out. You must provide your own black baseball/softball pants.

Fundraiser Sell box of 48 bars @ \$1.00 each (One per family)

Gertrude Hawk CHOCOLATES

Candy buy out @ \$25.00 (one per family) cash Check # Must have a separate check and pay up front**

Player's Name: Boy Girl Current Grade: DOB:

Parent/Guardian Name:

Address:

Email:

Home Phone: Work Phone: Cell Phone:

I give permission for my child's picture and/or name to be posted on the Recreation website or published in a newspaper
Yes () No () Initials ()

Emergency Contact Name: Relationship:

Home Phone: Work Phone: Cell Phone:

Physician Name: Phone: Hospital Preference:

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder):

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Medical Personnel (i.e. EMT, First Responder, E.R. Physician, etc.).

As the parent/legal guardian of (child's name), I give my permission to participate in the Hope Township Baseball and Softball Program. I understand that the activity will be supervised and the township DOES NOT INSURE participants with accident insurance and you participate at your OWN RISK. It is understood that this program is a physical activity and various injuries may occur. I also understand it is my responsibility to make sure that the registrant is physically capable of participating in this program and a medical physical by a doctor is recommended.

I verify that the above stated address is the permanent residence of the above named registrant and that all information stated above is, to the best of my knowledge, true and correct. Any intentional falsification of information will result in automatic expulsion of my child/ward from the program and possible prosecution. I agree to abide by all rules, regulations, and policies as set forth by Hope Township and the Warren County Baseball and Softball League.

At each home game, a head coach, assistant coach, scorebook keeper and two adults to work in the Field House are required. I understand that it is my responsibility to perform one of these functions at each and every home game.

I consent to and attest to all the information on this form.

Signature of Parent/Guardian: Date:

Table with 3 columns: Tee Ball 5&6 as of 5/1/16 \$30, Cal Ripken Rookie 7&8 as of 5/1/16 \$60, Cal Ripken Minor 9&10 as of 5/1/16 \$60, Cal Ripken Major 11&12 as of 5/1/16 \$75, Babe Ruth 13,14 & 15 as of 5/1/16 \$75; Pony 1&2 grade \$60, Junior 3& 4 grade \$60, Intermediate 5&6 grade \$70, Senior 7&8 grade \$70; HOPE TWP USE ONLY, Consuision form (baseball and softball needed), Baseball: Copy of Birth Certificate, PAID: CASH / CHECK #, Initials