

Hope Township Softball

Spring 2018 Player Registration Form

Player Name: _____ Birthdate (mm/xx/yyyy): _____

Address: _____ Gender: Male Female DOB: _____ Current Grade: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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 ()

| Parent/Guardian #1 | Parent/Guardian #2 |
|---|---|
| Name: _____ | Name: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |
| Address: _____ | Address: _____ |
| Occupation: _____ | Occupation: _____ |
| Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Head Coach, Assistant Coach, Team parent, Field Maintenance, Concession Stand Coordinator) | Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Head Coach, Assistant Coach, Team parent, Field Maintenance, Concession Stand Coordinator) |
| <u>*All coaches are required to have a background check and coaches certificate. You will be reimbursed for this expense*</u> If yes, fill out "Volunteer Application" | <u>*All coaches are required to have a background check and coaches certificate. You will be reimbursed for this expense*</u> If yes, fill out "Volunteer Application" |

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, two parents/guardians are to work in the Field House, excluding head coaches and assistant coaches. I understand that it is my responsibility to work the field house.**

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

Signature of Parent/Guardian: _____ Date: _____

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| Pony 1&2 grade <input type="checkbox"/> \$60 Junior 3& 4 grade <input type="checkbox"/> \$60 Intermediate 5&6 grade <input type="checkbox"/> \$70 Senior 7&8grade <input type="checkbox"/> \$70 | | HOPE TWP USE ONLY Consussion form <input type="checkbox"/> PAID: CASH / CHECK # _____ Initials _____ |
|--|--|---|