

2021 SUMMER BALL MAIL IN / FAX REGISTRATION FORM ONLY

THERE IS NO FORM REQUIRED FOR ONLINE, WALK-IN, OR PHONE REGISTRATION

REGISTER JANUARY 11 – MAY 7

(May 8-14 add \$10.00 late fee & child will be placed on a waiting list if there are no more spots available)

PLEASE FILL OUT ALL FIELDS

Last Name _____ First Name _____ Middle Name _____

Home Phone # _____ Cell / Other Phone # _____ Birth Date _____ Shirt Size (YS-AXL) _____

Address _____ City _____ Zip _____

E-Mail Address _____ School Child Attends _____

Name and phone number of person to contact in case of emergency _____

League (check/circle one):
COED 5-6 (T-Ball) Boys 6-7(intermediate) Boys 8-9 (Coach Pitch) **BOYS (AGE AS 8/31/21)** _____
Girls 6-7(intermediate) Girls 8-9 (Coach Pitch) **GIRLS (AGE AS 1/1/21)** _____
Girls Intro Fastpitch (9-10) Fastpitch Girls (11-12) Fastpitch Girls (13-14) Fastpitch Girls (15-17)

COACH IN 2018 IF APPLICABLE _____

Player information is confidential and used for team rosters. Information is not given out to third party without consent by parent or legal guardian.

PRICES: \$60 for ages 5-10 \$70 for girls ages 11-17 (non-residents add \$5)

Any medical situations we should be aware of? _____

Would you be willing to coach your child's team? (Please Circle/Check): YES NO

Do you want to be an assistant? (Please Circle/Check): YES NO

SPECIAL REQUEST FOR T-BALL, INTERMEDIATE or COACH PITCH LEAGUES ONLY: YOU MAY ONLY MAKE 1 SPECIAL REQUEST!

Requests are not to be listed if your child is playing in any "fastpitch leagues"

Buddy Request Name of Buddy: _____ School Buddy Attends: _____

OR

Coach Request First & Last Name of Requested Coach: _____

Coaches and assistants are necessary to run this program! We depend upon PARENTS to fill these positions! I understand and agree that: My child is **NOT guaranteed** to be assigned to a specific team with his/her classmates. The assignment of my child to a team is at the discretion of the Waterford Parks & Recreation Department and is **FINAL**. My child is **NOT guaranteed** placement on any team if this registration form is received after the registration deadline. **NO EXCEPTIONS WILL BE MADE**. No refunds will be granted after the **FIRST** scheduled game

Payment Method: Check or Credit/ Debit Card (Cash will NOT be accepted for Fax / Mail-In Registration)

VISA / MASTERCARD / DISCOVER # _____ EXP. DATE _____ CVV2 CODE _____

if paying by credit/debit card a convenience fee will be charged)

Parental Waiver, Release of Liability, Indemnification and Consent Form

I represent to the Charter Township of Waterford that I am aware of no physical or mental restrictions that would prevent my child from safely participating in any Waterford Parks and Recreation Department.

I acknowledge that these activities are potentially dangerous and involve the risk of injury, death or property damage.

I assume full responsibility of any risk of injury, death, or property damage related to these activities.

In consideration of my child's participation in the program, I agree that my child's likeness may be photographed or videotaped and that such image may be published in any outlet used to promote or publicize the program.

In consideration for my child's participation in the activity or activities, I waive any rights I may have against the Charter Township of Waterford, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning this activity or these activities, including transportation (if provided by the program) and the use of photographs for promotion as described above. I release and discharge, the Charter Township of Waterford their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims debts, attorney fees, costs, actions and causes of action of any kind connected with this activity or these activities.

I acknowledge that I will review the Youth Sports Concussion Information prior to my child's participation in this activity.

NAME OF PARENT/GAURDIAN (PLEASE PRINT) _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE _____