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2003 Youth Softball Registration Form

NAME:	AGE:	DATE OF BIRTH:	
HOME PHONE:	PAREN	PARENTS NAMES:	
ADDRESS:			
Street Address FATHER'S BUSINESS PHONE:_	City	Zip HOME PHONE:	
MOTHER'S BUSINESS PHONE:	<u> </u>	HOME PHONE:	
SCHOOL:	GRADE	:	

I/We the parents of the above named boy or girl, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Lee County Parks & Recreation Department, the organizers of my/our son or daughter's activity. I/We hereby waive all claims against the organizers, the spons ors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son or daughter to or from the activity. I/We hereby accept responsibility for any equipment issued to my son or daughter as to damage. Parents shall be responsible for the cost of the equipment not returned to the Recreation Department.

I/We, the parents of the above named child hereby give my/our permission to the person in charge of the activity to take my/our son or daughter to the doctor or hospital in case of injury.

What hospital do you prefer your child be taken to in the event of an emergency?:

WE RECOMMEND THAT EACH CHILD HAVE A PHYSICAL AT LEAST ONCE A YEAR, IF THEY ARE TO COMPETE IN SOME TYPE OF STRENUOUS ACTIVITY.

FATHERS'S SIGNATURE:and/or	
MOTHER'S SIGNATURE:	Registration
PLAYER PROFILE	Cost>>> \$45
Age as of January 1st (2003):	
# Fast-pitch camps attended: # years played softball:	Play All-Stars (yes/no):
Jersey size: Position(s) played: Position(s)) would like to play:
Parents interested in being a volunteer coach or Team Mom?	
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OFFICE USE ONLY	

Birth Certificate on File (Yes/No):