

Registration Form

Players Name: _____ Parent/Guardian: _____

Address: _____ City _____ Zip _____

Phone #: _____ Alternate Phone #: _____

Birth Date: __/__/__ Age As Of January 1, 2014: _____

8U _____ **Registration is \$35 plus a \$5 park usage fee.**

10U _____ 12U _____ 14U _____ 16U _____ **Registration is \$60 plus a \$5 park usage fee.**

Please make checks payable to SCFODS

Our program is an All Girls Play Program, and we have scholarships for girls that want to play whose parents cannot afford it. Parent volunteers are expected from these players.

Copy of Birth Certificate is required for proof of age. Players do have the option of playing up.

Jersey Size: _____

PARENTS: Volunteer coaches, assistant coaches and team moms and dads are needed for this program to be successful. We need volunteers in multiple areas to run this program, the four general areas are coaching, assistant coaching, umpiring, and working the concessions. Checking a specific area, does not guarantee you will be needed in that area. The Babe Ruth League requires all coaches to have coaching certification which will be discussed at the coaches meeting. (C-Coach, AS- Assistant Coach, UMP-Umpire, CV-Concessions volunteer)

C__ AC__ UMP__ CV__ NAME: _____ PHONE: _____

C__ AC__ UMP__ CV__ NAME: _____ PHONE: _____

Special Requests: _____

Medical Release

I hereby give permission for any and all medical attention necessary to be administered to (youth sports participant) _____ in the event of an accident, injury, sickness, etc., until such time as I may be contacted.

Physicians Name: _____ Number: _____

Child's Allergies: _____

Additional Medical Condition(s) that the coach should know about? _____

Home Phone: _____ Work or Cell: _____

I parent/guardian, hereby waive any or all rights, claims for damage arising from injury received while my child is playing, walking, or being transported to games or other activities. I also hold harmless the Recreation Authority, its directors, organizers, coaches, sponsors, managers, or any other supervisor appointed for any injury incidental to the activities or transportation to and from these activities. I also give permission for the Recreation Authority to use my child's picture for advertising purposes such as flyers or brochures.

Signature of Parent/Guardian _____ Date _____

Paid: _____
Cash Check Sponsorship