



# ELK TOWNSHIP BASEBALL AND SOFTBALL REGISTRATION



Welcome back for another great baseball and softball season. Please complete the form below and bring it with you to the Baseball Clubhouse during the registration. If a parent or legal guardian is not able to register the child in person, please sign the form and have whoever is registering the child bring it to the Clubhouse.

**We will not register a player without a signed release.**

## Registration Dates and Times

Sat., January 28, 10 AM to 2 PM,  
Sat., February 4, 10 AM to 2 PM,  
Sat., February 11, 10 AM to 2 PM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Print name of parents or guardian \_\_\_\_\_

Emergency Contact Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any know allergies or preexisting physical conditions your child's coach should be made aware of:

**NEW PLAYERS 4 YEARS OLD BY APRIL 30, 2012 AND UP WILL NEED PROOF OF ELK TWP.**

**RESIDENCY AND A COPY OF HIS/HER BIRTH CERTIFICATE.**

Parental Help is needed in order for our 2012 Season to be Successful!

Please circle any of the following items in which you will assist.

COACH

ASST. COACH

TEAM MOM

GROUNDS CARE

I/We, the parents/guardians of the named candidate for a position on a league team, hereby give my/our approval to participate in any and all League activities, including transportation to and from the activities.

I/We, know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the coach or assistant coach, until such time as I may be contacted, or the emergency contact person listed above. I also waive and release all liabilities against the officials and coaches in the event of any injuries incurred from playing.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

T-Ball.....\$75.00

Rookie/Minor/Major..... \$95.00

Senior.....\$105.00

Family (3 or more).....\$25 per child after 2

Player's T-shirt Size \_\_\_\_\_

Player's Pants Size \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Total Paid \_\_\_\_\_

## Refund Policy

- A. If a player quits before any practice has started, all registration money is refunded.
- B. If a player quits after the first practice, ½ the registration will be refunded.
- C. If a player quits after the first game, no refund will be provided.

