

ROCKINGHAM PARKS AND RECREATION

REGISTRATION FOR: BASEBALL

AMOUNT: _____
PAID: _____
NOT PAID: _____

B.C. ON FILE: _____
VERIFIED BY: _____

PLEASE CHECK SHIRT SIZE NEEDED

YOUTH MEDIUM: _____ ADULT SMALL: _____ ADULT LARGE: _____
YOUTH LARGE: _____ ADULT MEDIUM: _____ ADULT X-LARGE: _____

PLEASE PRINT

CHILD'S FULL NAME: _____

ADDRESS: _____

PARENT'S NAME: _____

PHONE: _____ DATE OF BIRTH: _____ AGE: _____

SEX: CIRCLE ONE MALE FEMALE SCHOOL _____

TEAM/LEAGUE LAST YEAR: _____

I DO HEREBY AGREE THAT MY CHILD WILL PLAY WITH ANY TEAM TO WHICH HE/SHE IS ASSIGNED BY LEAGUE OFFICIALS.

I DO HEREBY CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND KNOW OF NO REASON WHY HE/SHE SHOULD NOT PARTICIPATE IN THE SPORT.

I, PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD, ASSUME ALL RISK AND HAZARD INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ANY ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, AND AGREE TO HOLD HARMLESS ROCKINGHAM PARKS AND RECREATION AND ITS EMPLOYEES AND VOLUNTEERS FROM ANY INJURY TO MY CHILD. I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC SHOULD THE CHILD BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES AWAY FROM HOME; OR AT OTHER TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT.

PARENT'S SIGNATURE: _____