

Registration Form

Player Name	ayer Name		Birth Date	
Address				
City	State Zip			
Borough/Township of Residence (where you pay taxes)				
Parent/Guardian Nar	ne(s)			
Phone (H)	(V	V)	(Cell)	
Parent's email address				
Shirt size Youth small Youth medium Youth large Adult small Adult medium Adult large Adult XL				
Please check one:	~			
□ T-ball	<u>Season</u> June-July	<u>Age</u> 5-6	<u>Birthdates</u> 6/2004-6/2005	<u>Price</u> \$40
Girls in-house Softball	June-July	7-12	6/1998-6/2003	\$40
	Interested in co	oaching T-ball	co-coaching	<u> </u>

REGISTRATION DEADLINE: May 17, 2010

MEDICAL INFORMATION

Doctor	Phone	Ins. Co		
		Policy No		
Does this child have any medical considerations				
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Two alternative emergency	contacts (not parents' cell number	s)		
Name	Relation	Phone		
Name	Relation			

I/We the parent/guardians of the above named player, hereby give my/our permission to participate in any and all T-ball/softball activities, including transportation to and from the activities. I/we further certify that the player is of the age represented on this form, and has health/accident insurance as indicated on this form. MEDICAL: I, the undersigned, as parent/guardian of the above-mentioned applicant for entry into the Edgewood T-ball/softball, do hereby give my permission and approval to the applicant's participation in all the activities during the Summer 2010 season. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release, and absolve the organizers, board members, helping parents, sponsors, supervisors, umpire, coaches and participants from any claim arising out of injury to the applicant, my son/daughter or ward.

Parent/Guardian (Print)	Parent/Guardian Signature	Date

Edgewood T-ball/Softball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.

Edgewood T-ball/Softball Eligibility:

I/We the parents/guardian of the above named candidate for a position on an Edgewood team hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve indemnify and agree to hold harmless Edgewood, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising from an injury to my/our child. Whether the result of negligence or from any other cause, except to the extent that the amount covered by accident and liability insurance. I/We understand that the insurance carried by the league covers only the amount that is not paid by my/our carrier.

Parent/Guardian Signature	Date
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FOF	2 (OFFICIAL USE ONLY:
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Check # _____ Amount ____ Received by _____