

**Edgewood Boys' and Girls' T-Ball and  
Girls' In-house Softball  
Registration Form**

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Borough/Township of Residence (where you pay taxes) \_\_\_\_\_

Association where you played last year \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Parent's email address \_\_\_\_\_

Shirt size:    Youth Small \_\_\_\_\_    Youth Medium \_\_\_\_\_    Youth Large \_\_\_\_\_  
                  Adult Small \_\_\_\_\_    Adult Medium \_\_\_\_\_    Adult Large \_\_\_\_\_    Adult XL \_\_\_\_\_

Hat/Visor Size: S/M \_\_\_\_\_    M/L \_\_\_\_\_    L/XL \_\_\_\_\_

	<u>Season</u>	<u>Age</u>	<u>Birthdates</u>	<u>Price</u>
<input type="checkbox"/> Girls' Softball	June - July	7 - 13	6/2000 - 6/2005	\$45
<input type="checkbox"/> T-Ball	June - July	5 - 6	6/2005 - 6/2007	\$45

**REGISTRATION DEADLINE: May 21, 2012**

**Return to: Recreation  
2 Race Street  
Edgewood, PA 15218**

**Make checks payable to Edgewood Borough**

## **MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Ins. Co \_\_\_\_\_

Address \_\_\_\_\_ Policy No. \_\_\_\_\_

Does this child have any medical considerations \_\_\_\_\_

Two alternative emergency contacts (not parents' cell numbers)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

I/We the parent/guardians of the above-named player, hereby give my/our permission to participate in any and all 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 do hereby give my permission and approval to the applicant's participation in all the Edgewood Softball activities during the Spring 2012 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, umpires, coaches and participants from any claim arising out of injury to the applicant, my daughter or ward.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

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 of 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. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when issued except for normal wear and tear.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY:

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Received by \_\_\_\_\_