



2019 Alabaster Start Smart BASEBALL
 For 3 & 4 Year Olds
 205-664-6840
www.alabasterparks.org

Registration Fees: \$90.00 **NO Checks Accepted** *Non-Resident Fee: Additional 10%*
We accept Cash, Debit, Visa, MasterCard *4.5% service fee for debit/credit card payments* *Multi Child Discount: 10%*

PLEASE PRINT Legibly

1. **Child's Name:** First _____ Middle _____ Last _____

2. **Date of Birth:** Month ____ Day ____ Year ____

3. **Age as of April 30, 2019*:** _____

***Child has to turn 3 before April 30, 2019.**

***Child cannot turn 5 before April 30, 2019.**

4. Please list any **Allergies/Medical Issues**, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

5. **Gender:** **Female** **Male**

6. Please indicate correct **sizes** below: (See samples in office)
 3T **4T** **Youth XS (2-4)** **Youth Small (6-8)** **Youth Medium (10-12)**

7. **Child is:** **Right Handed** **Left Handed**

8. **Name Child Answers to:** _____

9. **Pediatrician** or Family Physicians Name: _____ Phone: _____

10. Where does child attend **Pre-School?** _____

11. **Birth Certificate** is: Attached Not Attached On-file

12. **MOTHER's Name:** _____ **Phone:** _____
Email Address: _____

13. **Father's Name:** _____ **Phone:** _____
Email Address: _____

14. **Primary Phone:** _____

15. **Address:** _____
Mailing Address City State Zip

16. In Case of an **Emergency**, if parents cannot be reached, please contact:
 Name: _____ Phone Number: _____

You're not finished until you complete Page 2

17. Player's Name: _____

18. REFUNDS:

I/We, the parent(s)/guardian(s) of the above named child, understand that refunds are not guaranteed. They will be considered depending on the circumstances. If approved, the refund amount will be determined after deducting the cost of any items already ordered for the participant.

Initials _____

19. Per Alabaster City Ordinance 95-381 I understand: **Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.**

Initials _____

20. MEDICAL AUTHORIZATION/CLAIM & REIMBURSEMENT DISCLAIMER:

I/we, the parent(s) and/or legal guardian(s) of the above-named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore, I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

Initials _____

21. TREATMENT AUTHORIZATION:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Initials _____

22. PARENTAL AUTHORIZATION:

I hereby give my approval for the above-named child to participate in all Start Smart activities during the current season.

I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

Authorized Parent/Guardian Signature _____

Date _____

NOW you are finished! Thanks! 

FOR OFFICE USE ONLY

Amount Paid _____

Cash
 Discover
 Master Card
 Visa
 Debit

Receipt No. OR Last 4 digits of Charge Card _____

Authorization Code _____

Date Paid _____

Employee initials _____