



ALABASTER GIRLS SOFTBALL

2018 Fall Registration Form

Registration Fees: \$85.00

We accept Cash, Debit, Visa, MasterCard

NO Checks Accepted

4.5% service fee for debit/credit card payments

Non-Resident Fee: Additional 10%

Multi Child Discount: 10%

Would either parent be interested in coaching?

Team MOM

HEAD Coach – DAD

ASSISTANT Coach – DAD

HEAD Coach – MOM

ASSISTANT Coach – MOM

Child's Name: _____
FIRST MIDDLE LAST

Date of Birth: ____/____/____

Girls Softball Division: (check one)

6U (ages 5 & 6)

8U (ages 7 & 8)

10U (ages 9 & 10)

12U (ages 11 & 12)

Please Note: 6U = Coach Pitch

8U = Coach Pitch/Player Pitch

10U/12U = Player Pitch

MOTHER's Name: _____ **Cell No.:** _____ **Work No.:** _____

Email Address: _____

Father's Name: _____ **Cell No.:** _____ **Work No.:** _____

Email Address: _____

Address: _____
Mailing Address City State Zip

Primary Phone: _____

In Case of an **Emergency**, if parents cannot be reached, please contact:

Name: _____ **Phone Number:** _____

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

PLEASE CHECK CORRECT SIZES BELOW:

Registration Fee includes Jersey and Pants

Jersey Size: YS ... YM ... YL ... AS ... AM ... AL ... AXL

Pant Size: YS ... YM ... YL ... AS ... AM ... AL ... AXL

NEW or **RETURNING** Softball Player

Where do you attend **School?** _____

Softball **Experience** (seasons played) _____

Fall 2018 **Grade** _____

Birth Certificate is: Attached Not Attached On-file

Age as of Jan. 1, 2019 _____

REQUESTS:

Reason: _____

NOTE: Requests are NOT guaranteed!



You're not finished until you complete Page 2

Player's Name: _____

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

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

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

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

Name of Pediatrician or Family Physician: _____

Phone: _____

PARENTAL AUTHORIZATION:

I hereby give my approval for the above named child to participate in all Softball 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 _____