



Parks & Recreation

P.O. Box 688
895 Indian Mound Drive
Mt. Sterling, Kentucky 40353

GIRLS' SOFTBALL PROGRAM

PRICE: \$50.00 FIRST CHILD/\$45.00 SECOND CHILD/\$40.00 THIRD CHILD/\$35.00 FOURTH CHILD (ALL CHILDREN MUST LIVE UNDER THE SAME ROOF). ALL LATE SIGN-UPS WILL BE \$55 FOR EACH CHILD – NO EXCEPTIONS

NAME: _____ AGE 12-31-09 _____

ADDRESS: _____ BIRTHDAY _____

CITY/STATE _____ ZIP _____

PHONE: _____ EMERGENCY PHONE: _____

PARENT/GUARDIAN: _____ WORK PHONE: _____

NAME OF TEAM YOU PLAYED ON LAST YEAR _____

In an effort to improve the league, we are trying to form multiple age divisions, if a larger number of girls participate. Once registration period is complete, age divisions will be set. Thank you for your continued support

Does child have a sister registering for the same league? Yes ____ No ____

if so, please give the following information for the sister:

Name: _____

SHIRT SIZE (SELECT ONE):

ADULT SIZES SMALL _____ MED _____ LARGE _____ X-LARGE _____

YOUTH SIZES SMALL _____ MED _____ LARGE _____

PLEASE BE SURE TO MARK THE CORRECT SIZE. YOU WILL BE REQUIRED TO PAY A \$10 FEE IF THE SHIRT NEEDS TO BE RE-SIZED.

PARENTS' NAMES: _____

TURN OVER TO COMPLETE

****SOFTBALL PERMISSION FORM/MEDICAL FORM/WAIVER FORM/NEW RULES****

SPECIAL NOTE

****NO FOUL OR DEROGATORY LANGUAGE OF ANY KIND BY ANYONE, DIRECTED AT ANYONE, WILL BE TOLERATED. UMPIRES, PARKS AND RECREATION EMPLOYEES AND/OR PARKS AND RECREATION BOARD MEMBERS HAVE FULL AUTHORITY TO EXPEL ANY AND ALL VIOLATORS FROM THE PARK WITHOUT WARNING. THIS IS A ZERO TOLERANCE POLICY.**

MEDICAL INFORMATION

DOES THIS CHILD HAVE A MEDICAL CONDITION OR TAKE MEDICATION THE COACH SHOULD KNOW ABOUT? IF SO, PLEASE NOTE ON THIS FORM.

PERMISSION AND WAIVER

I do hereby give permission for my child to participate in the above activity. I also recognize that participation in any youth sport may result in injury and that protective equipment does not always prevent injury to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Mt. Sterling/Montgomery County Parks and Recreation Department, its employees and Board Members, local league organizers, sponsors, supervisors, coaches and participants from liability in case of injury and agree to assume the risk and cost of all injuries. I give my consent for emergency medical care prescribed by a duly licensed medical doctor or dentist to preserve the life, limb and/or well being of my child. I understand that I or my insurance carrier is primarily and ultimately responsible for all medical or dental expense incurred. The Parks and Recreation Department has only secondary accidental insurance and all claims must first be submitted to the participants' insurance carrier and only those claims not paid by the participants' carrier can and will be submitted to the secondary carrier for the Parks and Recreation Department to determine if any further coverage is available. If no further coverage is available, the Department will assume or pay none of these expenses.

PARENT SIGNATURE

DATE

IF YOU WOULD LIKE TO COACH A TEAM, PLEASE SIGN HERE _____