

Age/Gender: \_\_\_\_\_ Insurance purchased: \_\_\_\_\_ Receipt No: \_\_\_\_\_

**DO NOT STAPLE THIS FORM OR YOUR CHECK. PLEASE LEAVE THIS SECTION BLANK. FOR STAFF USE ONLY**

## Town of Pleasant Garden Little League Baseball/Softball **SPRING SOFTBALL 2018 REGISTRATION FORM**

**Registration fee: Ages 7-16 \$85 per child. \* NO REFUNDS \***

Registration forms and payment will be accepted at Town Hall until the deadline date of February 28, 2018. No credit or debit cards can be accepted; payment must be in cash, money order or check. Mail the completed form with check or money order payable to

Town of Pleasant Garden, PO Box 307, Pleasant Garden, NC 27313.

**PLAYERS ARE REQUIRED TO PROVIDE THE FOLLOWING DOCUMENTS FOR AGE AND RESIDENCY VERIFICATION**

BIRTH CERTIFICATE \_\_\_\_\_ THREE FORMS OF RESIDENCY VERIFICATION \_\_\_\_\_

### PLAYER INFORMATION: **PLEASE PRINT**

Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on January 1, 2018 \_\_\_\_\_ Boy  Girl

Player's Name \_\_\_\_\_

Player's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**\*\*Preferred Phone Number for Contact \*\*** \_\_\_\_\_

Email: \_\_\_\_\_

Has this child played Baseball/Softball before? No  Yes  How many seasons? \_\_\_\_\_

Check one: **SOFTBALL**

( ) Minor League (Ages 7-9) [Cannot turn 10 before 1/1/18]

( ) Major League (Ages 10-12) [Cannot turn 13 before 1/1/18]

( ) Senior League (Ages 13-16) [Cannot turn 17 before 1/1/18]

**Shirt Size (Circle one) YOUTH: XS S M L ADULT: S M L XL XXL**

**\*\*\* Medical Health Insurance Information \*\*\***

**EACH PARTICIPATING PLAYER IS REQUIRED TO HAVE ACCIDENT/HEALTH INSURANCE COVERAGE.**

If the player is not covered by health insurance, you must purchase supplemental accident insurance. The coverage is through Standard Life Insurance Company at a cost of \$10; this policy covers the child from April 1, 2018 – March 31, 2019.

[NOTE: If you buy accident insurance for the spring season, your child is covered for the fall season without paying again.]

I wish to purchase supplemental accident insurance through Standard Life Insurance Company for the Spring/Fall 2018 seasons. Yes  No

- |       |  |
|-------|--|
| NO    | YES (If yes, please explain below:)                                  |
| _____ | _____ Heart trouble, heart murmur, or heart attack                   |
| _____ | _____ Bouts or irregular or uneven heart action                      |
| _____ | _____ High blood pressure  |
| _____ | _____ Pain or pressure in the chest, neck, shoulder or arm           |
| _____ | _____ Injury or surgery within the past 3 months                     |
| _____ | _____ High blood cholesterol and/or triglycerides                    |
| _____ | _____ Asthma, breathing problems                                     |
| _____ | _____ Allergic to any drugs / bee stings, etc. (please list below)   |
| _____ | _____ Chronic condition needing special care, e.g. insulin, diabetes |
| _____ | _____ Currently taking any prescription drugs (please list below)    |

**Other required emergency contact information:**

Authorized contact person besides parent \_\_\_\_\_

Phone number \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone number \_\_\_\_\_

Insurance Policy Name / Number \_\_\_\_\_

Explanations and/or other medical conditions not listed above: \_\_\_\_\_

**NOTE: If player wears glasses, he/she must wear safety glasses or plastic frames. No wire rim glasses allowed.**

**\*\*\* Parental Permission and Release of Liability \*\*\***

I/we, the parents of the above named minor, by signing below, do hereby authorize the Town of Pleasant Garden, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence of said Agent. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I/We, by signing below, agree to indemnify, hold free and harmless, assume liability for, and defend the Town of Pleasant Garden, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

➔ **CODE OF CONDUCT:** I/we also acknowledge we have read the Code of Conduct and agree to abide by it.

➔ **PARENT SIGNATURE** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**DEADLINE DATE FOR REGISTRATION IS 5:00 PM ON WEDNESDAY, FEBRUARY 28, 2018  
FORMS MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2018**

**RESIDENCY SHALL BE ESTABLISHED AND SUPPORTED BY:**

Documents containing the full residence which includes **parent(s) or court-appointed guardian(s) name, street address, city, state, and zip code information, dated or in force between February 1 of the previous year and February 1 of the current year, from ONE or more documents from EACH of the three groups outlined below:**

<b>GROUP 1</b>	<b>GROUP 2</b>	<b>GROUP 3</b>
<b>CHOOSE AT LEAST ONE OF THE FOLLOWING:</b> <input type="checkbox"/> Driver's license <input type="checkbox"/> School records <input type="checkbox"/> Vehicle records (e.g. registration, lease, etc.) <input type="checkbox"/> Employment records <input type="checkbox"/> Insurance documents	<b>CHOOSE AT LEAST ONE OF THE FOLLOWING:</b> <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records (e.g. federal tax, social security, etc.) <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner or tenant records <input type="checkbox"/> Military records	<b>CHOOSE AT LEAST ONE OF THE FOLLOWING:</b> <input type="checkbox"/> Voter's registration <input type="checkbox"/> Utility bills (e.g. gas, electric, phone, heating, etc.) <input type="checkbox"/> Financial records (loan, credit, investments, etc.) <input type="checkbox"/> Medical records <input type="checkbox"/> Internet, cable, or satellite records

**\*\*\* Volunteer Information \*\*\***

**NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

I am willing to be a  **Coach**  **Assistant Coach** **Desired age group:** \_\_\_\_\_

(For liability and safety reasons, a criminal history background check is performed on all coaches and assistant coaches. You will be contacted to complete a more detailed application form.)

**QUESTIONS? Call 336-674-3002 or email [astclerk@pleasantgarden.net](mailto:astclerk@pleasantgarden.net)**