

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 Softball
SPRING SOFTBALL 2019 REGISTRATION FORM
April 6 – June 1, 2019

Registration fee: Ages 7-17 \$85 per child. *** NO REFUNDS ***

Registration forms and payment accepted at Town Hall until the deadline date of Feb 25, 2019

PLAYER INFORMATION: PLEASE PRINT

Birthday _____ / _____ / _____ Age on June 1, 2019 _____ Male Female

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**
() Ages 7-9 [Cannot turn 10 before 6/1/19]
() Ages 10-12 [Cannot turn 13 before 6/1/19]
() Ages 13-17 [Cannot turn 18 before 6/1/19]

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, 2019 – March 31, 2020. [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 2019 Spring and Fall 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.

SPRING SEASON: April 6 – June 1, 2019

Registration forms and payment will be accepted at Town Hall until the deadline date of Feb 25, 2019. Online registration is available: <http://tshq.bluesombrero.com/townofpleasantgarden>
Walk in 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

**DEADLINE DATE FOR REGISTRATION IS 5:00 PM ON MONDAY, FEB 25, 2019
FORMS MUST BE POSTMARKED NO LATER THAN FEB 25, 2019**

***** 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 : _____

****** 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 recreation@pleasantgarden.net