Registration deadline is March 13th LATE REGISTRAIONS ARE ONLY TAKEN IF SPACE IS AVAILABLE/\$15 LATE FEE

Bowdoinham Recreation 2020

$Baseball \sim Softball \sim T\text{-Ball Registrations}$

Mother/guardian Name Work Phone Cell Phone Father/guardian Name Work Phone Cell Phone Email (very important) Circle Shirt Size Registration Fees: T-Ball (K and 1st Grade) ~ \$25 Baseball/Softball ~ \$50 Family of 3+ ~ \$115.00 Please circle the program your child is signing up for: T-Ball Baseball Softball More info after the registrations are in. Practice times for all levels will not be determined until teams are formed and Coaches are Appointed. Volunteers are needed at all levels! Please indicate where you can lend a hand: Coach Assist Coach Team Parent Snack Shack Team Umpire Field Work ***All volunteers are subject to a background check per Town of Bowdoinham policy/Coach Information on backside. Please return this registration form along with payment to either the Town Office, or School. Checks are made payable to town of Bowdoinham. An accurate number of players is needed which dictates number of teams, equipment, uniform etc. Registrations are due on or before March 13th. MEDICAL AND SOCIAL INFORMATION (Medical, social or emotional information that will help coaches and officials assure the best experience for your child) List Here	Child's name	Grade	Date of Birth	·
Address Home Phone Mother/guardian Name Work Phone Cell Phone Father/guardian Name Work Phone Cell Phone Email (very important) Circle Shirt Size Registration Fees: T-Ball (K and 1st Grade) ~ \$25 Baseball/Softball ~ \$50 Family of 3+ ~ \$115.00 Please circle the program your child is signing up for: T-Ball Baseball Softball More info after the registrations are in, Practice times for all levels will not be determined until teams are formed and Coaches are Appointed. Volunteers are needed at all levels! Please indicate where you can lend a hand: Coach Assist Coach Team Parent Snack Shack Team Umpire Field Work ***All volunteers are subject to a background check per Town of Bowdoinham policy/Coach Information on backside. Please return this registration form along with payment to either the Town Office, or School. Checks are made payable to to Town of Bowdoinham. An accurate number of players is needed which dictates number of teams, equipment, uniform etc. Registrations are due on or before March 13**. MEDICAL AND SOCIAL INFORMATION (Medical, social or emotional information that will help coaches and officials assure the best experience for your child) List Here Physician Phone Phone Preferred Hospital Participant Release/Assumption of Risk Agreement/Agreement to Indemnify & Hold Harmless As a parent or guardian, I give my child permission to participate in this program. I realize that I must provide my own Health/Accident Insurance for injuries that Indid may sustain while participating in this program. In my absence, I give the supervisor of the activity permission to obtain whatever medical treatment may be necessary in the event of an injury. I am aware that the Town of Bowdoinham for promoting programs, classes or events to included brochures, newsletters, posters Facebook or web page postings.***	Age	(Baseball as of 04/30/20 Softball as of	of 12/31/2019)	
Mother/guardian Name Cell Phone Cell P	Address			
Father/guardian Name Cell Phone Cell Phone Circle Shirt Size				
Father/guardian Name Cell Phone Cell Phone Circle Shirt Size	Mother/guardian Nat	me		
Father/guardian Name Cell Phone Cell Phone Circle Shirt Size	Work Phone	Cell Phone		
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DateSignature(parent/guardian)	Pal As a parent or guardian, I give child may sustain while partici necessary in the event of an inj understand that photographs ta	rticipant Release/Assumption of Risk Agreement/Agreement and permission to participate in this program. I realize that I pating in this program. In my absence, I give the supervisor of the ury. I am aware that the Town of Bowdoinham does not provide liken of Bowdoinham's Recreational programs may be used by the	ment to Indemnify & Hold I must provide my own Health/Ac activity permission to obtain who ability or medical Insurance to co	cident Insurance for injuries that my atever medical treatment may be over such injuries. In addition, I
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