

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

Bowdoinham Recreation 2020

Baseball ~ Softball ~ T-Ball Registrations

Child's name _____ Grade _____ Date of Birth _____
Age _____ (Baseball as of 04/30/20 Softball as of 12/31/2019)
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

Youth: <u>S</u> <u>M</u> <u>L</u> <u>XL</u>
Adult: <u>S</u> <u>M</u> <u>L</u> <u>XL</u>

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 the 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 _____

Physician _____ Phone _____

Dentist _____ 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 my child 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 does not provide liability or medical insurance to cover such injuries. In addition, I understand that photographs taken of Bowdoinham's Recreational programs may be used by the Town of Bowdoinham for promoting programs, classes or events to included brochures, newsletters, posters Facebook or web page postings.***

Date _____ Signature _____ (parent/guardian)