

**Windsor Area Recreation Commission
Baseball Program Registration & Parent Permission Form
(Please Print)**

Today's date:		Activity Baseball			
PLAYER INFORMATION					
Player's last name:	First:	Middle:	Sex: ? Male ? Female	Phone #:	
Street Address:	City/State:	Zip Code:	Municipality:	Age:	Birthdate:
School & Grade:	Parent/Guardian:		Email Address:		
TEAM INFORMATION					
Has child played before: ? Yes ? No	Previous Team/Coach:				
How did you find out about our program? (Circle One)	Number of years played:				
School Flyer Program Guide					
Website Other					
EMERGENCY INFORMATION					
Other adult to contact in case of emergency:	Phone #:		Preferred Hospital:		
Family Doctor:	Phone #:				
Please list allergies (especially to insect bites/stings), along w/instructions for treatment:					

I freely and willfully, without coercion or pressure of any kind, give permission for my son / daughter to participate in the above Windsor Area Recreation Commission Program. I understand that this sport may involve certain risks of injury, including fractures, brain injuries, paralysis or possible death. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, Windsor Township and Borough, the respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity. I also give permission for my child's picture to be used for promotional purposes.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment.

Signature of Parent/Guardian

Date

I will support the Windsor Area Recreation Commission Program as: (please P all that apply)
Your children will appreciate your participation in their activities.

____ Team Coach / Assistant Coach (Please Circle) ____ Team Coordinator (Aids Coach with Administrative Tasks)

- § COPY OF BIRTH CERTIFICATES IS REQUIRED UPON REGISTRATION
- § Please make all checks payable to : WARC (Note: there is a \$20 fee for all returned checks)
- No refunds unless the player is physically unable to play due to injury.
- Disciplinary policies and procedures regarding both parents and players are on file at the WARC office. No refunds will be granted to players who are dismissed from a team due to disciplinary reasons for both children and parents.
- No guarantees or promises can be made as to which team a player will be assigned to. Assignment will be based on league rules, team availability, player skill level, previous team assignments, etc. with special requests being considered when possible.

Registration Fees: Resident of Windsor Township or Windsor Borough - \$65.00 without fundraiser or \$85.00 with fundraiser (you will receive \$52.00 after selling all candy)
Non-Resident - \$70.00 without fundraiser or \$90.00 with fundraiser (you will receive \$52.00 after selling all candy)

POLICY FOR THE USE OF TOBACCO AND/OR ALCOHOL PRODUCTS:

Smoking and/or use of all tobacco and alcohol products by players, coaches or spectators on any Windsor Area Recreation Commission facility or grounds before, during or after any organized recreation event or program is prohibited.

BASEBALL

UNIFORM FORM

Uniforms: (Please check (ü) size required)

MUST BE PURCHASED FOR AN ADDITIONAL \$27.00

	Youth SM	Youth Med	Youth LG	Youth XL	Adult Small	Adult Med	Adult LG
Jersey Size							

Note: Baseball jerseys can be used for future seasons. Please consider this when selecting a size.

All forms and payment are due upon registration. NO EXCEPTIONS.

Registration Fee: _____

Cash__

Check__

Check # _____

Uniform Fee: _____

Total Fee: _____