

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: <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone #: |
| Street Address: | | City/State: | Zip Code: | Municipality: | Age: Birthdate: |
| School & Grade: | | Parent/Guardian: | | Email Address: | |
| TEAM INFORMATION | | | | | |
| Has child played before: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Age Qualifications: A player's age as of July 31st determines the age group in which the player is eligible to play this season. Every effort will be made to place each player on the age appropriate teams provided enough players have registered. All age divisions may not be available each year and you will be contacted if any age division change is required. | | | |
| How did you find out about our program? (Circle One) | | <input type="checkbox"/> 8-9 8/1/01 to 7/31/02 | | <input type="checkbox"/> 10-12 8/1/98 to 7/31/00 | |
| School Flyer Program Guide | | Previous Team/ Coach | | Returning Jersey # _____ Preferred Jersey # _____ Number of Years Played _____ | |
| 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 ✓ 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 CERTIFICATE 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, has moved 20 miles out of the area, or WARC is unable to accommodate a player based on their skill and/or age level.**
- 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:

| Fees | Amount | <input checked="" type="checkbox"/> |
|------------------------|---------|-------------------------------------|
| Resident | \$80.00 | <input type="checkbox"/> |
| Non-Resident | \$90.00 | <input type="checkbox"/> |
| Uniform (Jersey & Hat) | \$35.00 | <input type="checkbox"/> |

\$5.00 family discount if you register more than one child from the same address!

Baseball Fundraiser:

PAPA JOHN'S PIZZA COUPONS-

\$5.00/coupon packet, includes one FREE Pizza & several other great deals!

Benefits Softball & Baseball Programs- for renewal of equipment, field maintenance, and scholarship fund.

Prizes awarded to top sellers!

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.

Program Participation:

Due to limited resources, it may become necessary to limit enrollment in the WARC Baseball Program. Every effort will be made to place all registrants on a team. Windsor Borough and Township residents will receive priority. WARC will refund the registration fee to any non-Windsor Borough or Township resident excluded from the program.

Inclement Weather:

It is at WARC's discretion to cancel or reschedule missed practices and games, due to inclement weather. The weather forecast is out of WARC's control.

BASEBALL UNIFORM FORM

Uniforms: (Please check (✓) size required)

| | Youth SM (8-10) | Youth Med (10-12) | Youth LG (12-14) | Youth XL (14-16) | Adult Small | Adult Med | Adult LG |
|-----------------------------------|--------------------------------|----------------------------------|---------------------------------|---------------------------------|------------------------|----------------------|---------------------|
| Jersey Size (\$25) | | | | | | | |

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

Adjustable Hat (\$10)

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

OFFICE USE ONLY

\$ _____ Resident Fee (\$80)
 \$ _____ Non-Resident Fee (\$90)
 \$ _____ Uniform (\$35)
 \$ _____ PAPA JOHN'S
 PIZZA Tickets # _____ x \$5.00
 \$ _____ TOTAL PAID

Pay Method _____
 CC # _____
 Exp. Date _____
 CVV _____
 Date Rec'd _____
 Rec'd by _____