

NORWAY RECREATION DEPARTMENT
GIRLS SOFTBALL REGISTRATION FORM 2018
For Girls Ages 6-14 DEADLINE TO SIGN UP IS MARCH 26, 2018

Rookie ___ Minors ___ Majors ___

**PRACTICE FOR PLAYERS AT 'IN THE ZONE' ON MONDAY MARCH 12TH 5-6PM AND
WEDNESDAY MARCH 21ST 5-6PM ~**
ALL PLAYERS MUST ATTEND ASSESSMENTS ON MONDAY MARCH 26TH 5-6PM
Players will go thru a skills assessment so we can place them safely on a rookie, minor or major team.

Today's Date: _____ Child's Age as of 1-1-18: _____ Date of Birth: _____

Child's Name: _____ Home Phone: _____

Mailing Address _____

Parent/Guardian: _____ Work Phone: _____

Parent/Guardian: _____ Work Phone: _____

Emergency Contact Person & Phone Number: _____

Name & Number of Health & Accident Insurance: _____

Please List any Medical Conditions and/or Helpful Information: _____

Did Your Child Play Tee-Ball or Softball Last Year? Yes ___ No ___ if yes, what level _____ where _____

I understand that, in case of injury or illness, every attempt will be made to contact the parents/guardians. In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility. The Town of Norway does carry a Sports Accident Policy which is a secondary policy to the participant's insurance plan.

I recognize there may be inherent dangers to participating in the Norway Softball Program which may present a strain on the body and its parts, and, furthermore, I represent that to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I hereby release for myself and my heirs, the Town of Norway, its agents, employees, volunteers and other program participants, from all actions, damages, and claims that may result in personal injuries and property damages.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Throughout the season a picture may be taken of your child and put in the newspaper or on the Town of Norway web site.

___ Yes, I give permission for my child's picture to be used ___ No, I do not want my child's picture used

Signature of Parent/Guardian

Date

REGISTRATION FEES: \$35 for one player/\$50 for family * Family Fee does not cross over to Tee-ball or Baseball

REGISTRATION FEE DOES NOT INCLUDE THE COST OF THE UNIFORM

Softball Fee: Cash Amount _____ Check # and amount _____ Check payable to: Norway Recreation Department

Shirt Size (circle one) Youth: S M L Adult: S M L What number would your player prefer on their shirt:
1st Choice: ___ 2nd Choice ___ 3rd Choice ___ we will do the best we can to give that number

E-Mail Address: _____

Mail registration and Fee to Norway Recreation Director Debra Partridge 19 Danforth Street Norway, ME 04268