**NORWAY RECREATION**

**GIRLS SOFTBALL REGISTRATION FORM 2023**

**Ages 6-14 Rookie \_\_ Minors \_\_\_ Majors \_\_\_**

**PRACTICE FOR PLAYERS AT ‘IN THE ZONE’**

**Coach will contact families with the dates**

**YOU MUST SIGN UP IN THE TOWN YOU LIVE IN**

**DEADLINE TO SIGN UP IS March 31st**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: $60 for one player for family \* Family Fee does not cross over to Tee-ball or Baseball   
FAMILY FEE NOT AVAILABLE TO NON-RESIDENTS**

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

Shirt size: Youth XS S M L XL Adult XS S M L XL

What number would your player prefer on their shirt we will do the best we can to give that number.  
  
1st Choice: \_\_\_ 2nd Choice \_\_\_ 3rd Choice \_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail registration and Fee to Norway Recreation Program Coordinator Angie Paine 19 Danforth Street Norway, ME 04268

**NOTE: PARENTS WILL BE CONTACTED BY A COACH FOR FIRST PRACTICE INFORMATION.**