

2018 STCC Park and Rec T-Ball/Softball/Baseball

56 Cleversburg Road, Shippensburg PA 17257

PHONE: 717.532.6770 Email: parkandrec@southamptontwp.com

T-Ball Registration Open December 20th - CSL Registration Open January 2nd, 2018

Player Name: _____ Birth Date: ____/____/____

Address: _____

City, State, Zip Code: _____

Phone No.: _____ Email Address: _____

Shirt Size: YS____ YM____ YL____ Adult S____ Adult M____ Adult L____

Parent(s)/Guardian(s) Name: _____

Gender: M () F ()

Please check the Corresponding Team for your Son or Daughter:

If you have more than one child participating in the league, a form will need to be completed for each child.

TBALL: Age Group 4-6____ 7-9____ (Age 4 by April 1 and under Age 9 as of Sept 1)

Has your son/daughter played TBall before? YES () NO () If so, what team? _____

SOFTBALL: 8U____ 10U____ 12U____ 14U____ 16U____ 18U____

BASEBALL: 8U____ 10U____ 12U____ 14U____ 16U____ 18U____

Softball and Baseball players are eligible to play up. Meaning, if you have a 6 or 7 year old who has been in T-Ball and is ready to move up, they are eligible to play on an 8U team or if you have an 8 year old who you would like to play on a 10U team, that is permitted.

Interested in Coaching or being a Team Mom for your son or daughter's team...

Name: _____ CHECK ONE: Coach: ____ Team Mom: ____ Shirt Size: ____

Name: _____ CHECK ONE: Coach: ____ Team Mom: ____ Shirt Size: ____

I/We, the parents/guardians of the above boy/girl, give my/our consent to his/her participation in any and all Township T-Ball/Baseball/Softball activities during 2018. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, except to the extent and in the amount covered by accident of liability insurance. I/We also agree to furnish a certified Birth Certificate if requested.

Insurance I/We agree to use our personal insurance benefits as primary coverage and use those benefits provided by the Township as a secondary coverage. Name of insurance: _____

A COACH WILL BE IN CONTACT WITH YOU IN MID MARCH FOR PRACTICE TIMES, GAMES AND OTHER IMPORTANT INFORMATION.

Code of Conduct: I/We have read, agreed to abide by and the Parental Code of Conduct.

Signature _____ Date _____

Township Use Only: Date of Registration: ____/____/____ Fee Paid: ____ Check#: _____ Cash: _____