

2017 Southampton Cumberland Township T-Ball

Office is located at 200 Airport Rd. Shippensburg PA 17257

Player Registration January 9th - April 10th

Player Name: _____ Phone: _____

Address: _____ Shirt Size: S ___ M ___ L ___

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

Birth Date: ____/____/____ Age Group 4-6 ____ 7-9 ____ Gender: M () F () Age 4 by April 1 and under Age 9 as of Sept 1

E-mail: _____ Emergency Phone: _____

If a parent is volunteering to coach, then their child will be placed on the same team. Players will be placed on a team in order of registration. There will be no other exceptions made.

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 activities during 2017. 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 by township T-Ball officials.

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

A COACH WILL BE IN CONTACT WITH YOU IN MID APRIL 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 for Township T-Ball.

Signature _____ Date _____

_____\$20 First player in family

_____\$15 Second Player

2nd Player Name _____

_____\$10 Third Player

3rd Player Name _____

Help support Township T-Ball: Coach _____ Team Mom _____

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