2016 Hendersonville Parks Department ~ Fall Baseball Registration

Name _____ Phone _____
First MI Last

Address _____ City _____ Zip _____

D.O.B. ___/___/___ Playing Age _____ List sibling(s) also playing in fall leagues _____
{Age on 4/30 of next year}

o Male o Female _____

Shirt: □ YS □ YM □ YL □ AS □ AM □ AL □ XL □ XXL HGT __'___" WGHT _____
Position(s) played on prior teams: C P 1B 2B SS 3B OF none Bats O R O L O S Throws O R O L

Check PRIMARY contact
o Father_____ Cell _____ E-mail _____
o Mother_____ Cell _____ E-mail _____

o Interested in Coaching ? (check if parent interested in head coach & **fill out separate coaching application**)

Check any and all leagues that the child has or is playing	□ 2016 Civitan	□ 2016 Parks Summer League	□ 2016 Another City
	□ 2015 Parks Fall League	□ 2015 Parks Summer League	□ 2015 Civitan
	□ 2015 or prior Parks Dept	□ Another City in 2015 or prior	□ Never Played Before

Does player currently participate on any other team? If yes, list all in detail:
_____

Medical _____
Alerts / Issues _____

WAIVER: I, parent or guardian of the above named candidate, hereby waive all claims against the City of Hendersonville, the Parks Department, and any other personnel involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the above participant becomes ill or injured when neither parent or guardian is available to grant authorization for emergency treatment. I also certify that all information on this form is true. I understand that misrepresentation could result in suspension from the program.

I have read and understand all information outlined on this form and the League Information Sheet (Individual Player – Parent Information Sheet, 2 pages), made available to me at registration, including the sections "Refund Policy" and "Waiting List". I agree to adhere to all rules of the league and all terms of all information regarding this league. I understand that I owe an additional fee if I do not reside in the city limits of Hendersonville.

_____ _____ _____
Parent or Guardian Signature *Relationship* *Date*

Entry Fee	$ 80	Make checks payable to:	***City of Hendersonville***
Non-Resident	$ 5+	(add if out of city limits)	101 Maple Drive North
Late Fee	$ 10+	(non-refundable)	Hendersonville, TN 37075
Multi-Child	$ 10 -	(child in same household)	
Returned Chk	$ 20+		

----------Office Use Only----------

Proof of Birth Required ---- Attach Copy of Birth Certificate
***Not** required if already on file with Hendersonville Parks Department (does not include Civitan Baseball).*

Fee Paid $ _____ □ Cash □ Check #____ Parks Dept. (initials) _____