2017 Hendersonville Parks Dept. / Fall Baseball Registration

Player Name _____ Primary Phone _____
First MI Last

Address _____ City _____ Zip _____

D.O.B. ___/___/___ Playing Age _____ **{Age as of 4/30/2018}**
o Male o Female

Shirt: YS YM YL AS AM AL XL XXL Position(s) played on prior teams: Catch / Pitch

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 that the child has or is playing, or never played before

	Playing now or has played before		Never Played Before

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

Medical _____
Alerts / _____
Issues _____

Special Requests (*Please note that we try to fulfill requests but do not guarantee that all special requests will be satisfied*):
_____
_____

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, 3 pages), made available to me at registration, including the sections "Special Requests", "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	
Non-Resident	$ 5	(add if out of city limits)
Late Fee	$ 10	(non-refundable)
Multi-Child	- $ 10	(child in <u>same</u> household)
Returned Check	$ 20	

Checks payable: City of Hendersonville
101 Maple Drive North
Hendersonville, TN 37075

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

Proof of Birth Attached: o Birth Cert.
*(Proof of birth is **<u>required</u>**.)*

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