

R.A.P.T.O.R.S.

2017 Special Needs Baseball Registration

*Name _____ *Phone _____
First MI Last

*Address _____ *City _____ *Zip _____

*D.O.B. ___/___/___ Playing Age _____ *Disability: _____
* Male Female (as of now)

School _____ Grade _____

*Father _____ *Phone W _____ Cell _____

*Mother _____ *Phone W _____ Cell _____

*E-Mail (Mom) _____ (Dad) _____

*Shirt: YXS YS YM YL AS AM AL XL XXL HGT ___'___" WGHT _____
*Pants: YXS YS YM YL AS AM AL XL XXL Bats R L S Throws R L

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

*Check one: Playing now - RAPTORS Never Played Before

Medical : Please list any additional information to share that will assist in helping us work better with your child.

Alerts / _____
Issues _____

*Required fields

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. I understand that there will be no refunds once uniforms have been ordered. 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 \$ 25
Non-Resident \$ 5 (add if out of city limits)
Returned Chk \$ 20

Please make checks payable:
City of Hendersonville
101 Maple Drive North
Hendersonville, TN 37075

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

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