



Registration Fees: \$165.00

NO Checks Accepted

Multi-child Discount: 10%
Non-Resident Fee: 10% per child
3.5% Service Fee for debit/credit card payments

1. Child's Name: First Middle Last

2. Mother's Info: First Name Last Name

Phone: Email Address:

3. Father's Info: First Name Last Name

Phone: Email Address:

4. Address: Mailing Address City State Zip

5. Primary Phone:

6. In Case of an Emergency, if parents cannot be reached, please contact:

Name: Phone Number:

7. Date of Birth: Month Day Year

8. Birth Certificate is: Attached Not Attached On-file

9. Please list any Allergies/Medical Issues, including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

10. Division: 6U (Coach Pitch - age 5/6) 8U (Coach/Player Pitch - age 7/8) 10U (Player Pitch - age 9/10) 12U (Player Pitch - age 11/12)

11. Current Grade

12. NEW or RETURNING Softball Player

13. Age as of January 1, 2021

14. Where do you attend School?

15. Softball Experience (number of seasons played)

16. Pediatrician or Family Physician's Name: Phone:

17. Would either parent be interested in Coaching?

- HEAD Coach - DAD ASSISTANT Coach - DAD HEAD Coach - MOM ASSISTANT Coach - MOM TEAM MOM



Player's Name: \_\_\_\_\_

18. REFUNDS:

I/We, the parent(s)/guardian(s) of the above-named child, understand that refunds are not guaranteed. They will be considered depending on the circumstances. If approved, the refund amount will be determined after deducting the cost of any items already ordered for the participant.

Initials \_\_\_\_\_

19. Per Alabaster City Ordinance 95-381 I understand: **Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.**

Initials \_\_\_\_\_

20. Observations: I will refer to the "Important Dates" document for Observation dates and times, and have my child present at their designated time; or email Morgan Lawley at [mnlawley@cityofalabaster.com](mailto:mnlawley@cityofalabaster.com) if unable to attend. Failure to attend will affect how the player is drafted. The player's name will be drawn from a hat.

Initials \_\_\_\_\_

21. MEDICAL AUTHORIZATION/CLAIM & REIMBURSEMENT DISCLAIMER:

I/we, the parent(s) and/or legal guardian(s) of the above-named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore, I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

Initials \_\_\_\_\_

22. TREATMENT AUTHORIZATION:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Initials \_\_\_\_\_

23. PARENTAL AUTHORIZATION:

I hereby give my approval for the above-named child to participate in all Softball activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

Authorized Parent/Guardian Signature

Date

NOW you are finished! Thanks!



FOR OFFICE USE ONLY

Amount Paid \_\_\_\_\_

Cash     Discover     Master Card     Visa     Debit

Receipt No. OR Last 4 digits of Charge Card \_\_\_\_\_

Authorization Code \_\_\_\_\_

Date Paid \_\_\_\_\_

Employee initials \_\_\_\_\_