



Registration Fees: \$85.00

NO Checks Accepted

Non-Resident Fee: Additional 10% per child
Multi-Child Discount: 10%

- 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...
10. Division: 6U (ages 5/6) 8U (ages 7/8) 10U (ages 9/10) 12U (ages 11/12)
Please Note: 6U = Coach Pitch 8U = Coach Pitch/Player Pitch 10U/12U = Player Pitch
11. Fall 2022 Grade
12. PLEASE CHECK CORRECT SIZES BELOW:
Jersey Size: YS YM YL YXL AS AM AL AXL
Pant Size: YS YM YL YXL AS AM AL AXL
13. NEW or RETURNING Softball Player
14. Age as of January 1, 2023
15. Where will you attend School in Fall 2022?
16. Softball Experience (number of seasons played)
17-A. Pediatrician or Family Physician's Name: 17-B. Phone:
18. Would either parent be interested in Coaching?
HEAD Coach - DAD ASSISTANT Coach - DAD HEAD Coach - MOM ASSISTANT Coach - MOM
19. Requests + Reason: (Note: Requests are NOT guaranteed!)



Player's Name: _____

20. 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 _____

21. 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 _____

22. 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 _____

23. 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 _____

24. 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

Thank you for completing this form!



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 _____