

Waretown Thunder Softball Club 2010 Registration Form

8U 10U 12U 14U 16U 23U

Player Information

First Name _____ Last Name _____
Date of Birth _____ League Age _____
Street Address _____
Town _____ State _____ Zip Code _____
Bats _____ Throws _____
Uniform Shirt Size _____ Uniform Pants Size _____

Parent/Guardian Information

First Name _____ Last Name _____
Street Address _____
Town _____ State _____ Zip Code _____
E-mail _____

THIS IS HOW WE COMMUNICATE. PLEASE PRINT E-MAIL ADDRESS CLEARLY!

Home Phone _____ Cell Phone _____
Emergency Contact _____ Relation _____
Emergency Phone _____ Do you have Insurance? _____
Insurer and Policy Number _____

By signing below, I authorize my daughter to participate with the Waretown Thunder Softball Club in all team related activities, including, but not limited to games, practices, fund-raising, travel, etc. I further state that I am aware that by paying my registration fee, a portion of the fee purchases limited coverage group insurance. I understand that I must first use my own insurance prior to using the group plan. I understand the registration fee for the 2010 season is \$65 per player and I will select my payment method below and agree to pay the registration fee in full prior to March 15, 2010. I hereby release the Waretown Thunder Softball Club, it's managers, coaches, volunteers and Executive Board from any liability.

Parent/Guardian Signature _____ Date _____

BOARD USE ONLY

Payment Method _____ Amount _____ CK # _____ Cash _____
Paid in Full _____ Balance Due _____ Date Recorded _____
Viewed Birth Certificate _____ Have Babe Ruth ID Card _____
Assigned Team _____

Waretown Thunder Softball Club. PO Box 16, Waretown, NJ 08758. waretownthunder.org



2010 Volunteer Form (attach to registration form)

ALL PARENTS/GUARDIANS MUST VOLUNTEER IN SOME CAPACITY. Since this is a new venture, everyone must get involved. We need all positions filled from Board Members to Managers and Coaches, stand workers, field workers, schedulers, scorekeepers and so much more, you name it we need it and YOUR LEAGUE cannot exist without adult volunteers. Unfortunately we cannot at this time accept registrations without our volunteer form (available with the registration form on our web page) attached with the registration form.

Parent/Guardian Name: _____

Players Name: (List all) _____

Parent/Guardian Email: _____

Parent/Guardian Home Phone: _____ Cell: _____

Please check as many of the following positions that interest you or describe below your volunteer expertise.

Board Member Manager Coach Equipment Fields

Concessions Scheduling Team Parent Scorekeeper

Umpires Fundraising Insurance Uniforms Tournaments

Treasurer Instruction Web Site Clinics Player Agent

Registrations Babe Ruth Softball Rules Records First Aid

Budget Travel By Laws Anything Assigned

Other Describe Below:



CONSENT FOR TREATMENT

Each Player must complete and have signed

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone _____

List of Any Allergies _____

Required Medication _____

Name of League **Waretown Thunder Softball Club** _____

League Accident Insurance Company **Nationwide Life Insurance Comp** _____

League Accident Insurance Policy No. **SPP00003548700** _____

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE _____ SIGNED _____

(Parent or Guardian)

Daytime Phone () _____ Home Phone () _____

Cell Phone () _____ Parents Health Ins. Co. _____

Policy # _____

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)