

WARETOWN

THUNDER

Waretown Thunder Softball Club 2012 Spring Registration Form

6U 8U 10U 12U 14U 16U

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 2012 Spring season is \$65 per player and I agree to pay the registration fee in full prior to March 1, 2012. 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 2012 Volunteer Form

The Waretown Thunder Softball Club requires all parents/guardians to volunteer in some capacity with our organization for the 2012 Spring Season. Volunteers are the true backbone of our organization and help keep our registration fees in check. This form is required to be filled out and submitted at the time of registration. Parents/Guardians who fail to volunteer risk rejection of their 2012 registration.

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.)