



# 2018 Softball Registration

## Brown County Parks and Recreation

<b>Office use only</b>	
Date Rec.	_____
Receipt #	_____
By: _____	Amt. _____
Cash _____	Ck# _____

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Years in Program: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE CIRCLE ONE SHIRT SIZE:**

**Youth:** YS YM YL

**Adult:** AS AM AL AXL

**Please Circle Age as of January 1, 2018**

Age: 6-8    Age: 9 or 10    Age: 11 or 12

**Please Help if You Can!**

I would like to: Coach: \_\_\_\_\_ Assist. Coach: \_\_\_\_\_

8U \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_

Sponsor Team (fee \$175.00) \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*To ensure player safety a background check will be done on all coaches and assistants.*

**LIABILITY RELEASE:** I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I / We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

**Code of Ethics Release:** I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program.

**Picture Release:** By signing below I, as a participant or legal guardian representing a minor participant agree to allow BCPR to use pictures taken at events for promotional purposes.

**MEDICAL RELEASE:** In case of illness or accident, permission is given to take the above person to the hospital or doctor's office for medical or surgical attention if needed.

**Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_

Physical Limitations (allergies, hearing, sight, etc.): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Youth Softball



### Tri-County League

Games will be played in Nashville, Morgantown, Prince's Lakes, Trafalgar and Edinburgh

**\*\*NO ONE PLAYING ON A HIGH SCHOOL TEAM WILL BE PERMITTED TO PLAY\*\***

Practices begin after Spring Break

**REGISTRATION DEADLINE: February 16<sup>th</sup>, 2018**

Space is limited. To ensure enrollment please include player fee with registration by deadline.

After registration deadline please call for availability. A \$10.00 late fee per player is applicable.

**IF WRITING A CHECK PLEASE INCLUDE YOUR DRIVERS LICENSE NUMBER ON THE CHECK**

Returned Check Fee: \$20.00

*No Refund of Program Fees after First Practice*

*All refunds are subject to a \$2 fee*

**\*\*THERE WILL BE NO SWITCHING TEAMS ONCE ASSIGNED\*\***

**\*\*\*NO EXCEPTIONS\*\*\***

**Player Fee \$55.00**

*\$10 discount for each additional child*

**REGISTRATION DEADLINE:**

**Feb. 16, 2018**

**Please Read, complete, sign form, and return with payment to:**

**Brown County Parks & Recreation  
1001 Deer Run Lane/PO Box 299  
Nashville, IN 47448**

**Phone: 812-988-5522 Fax 812-988-5503**

**Or register online @ [bcparksrec.com](http://bcparksrec.com)**