



2019 Softball Registration

Brown County Parks and Recreation

Office use only	
Date Rec.	_____
Receipt #	_____
By: _____	Amt. _____
Cash _____	Ck# _____

Name: _____

Age: _____ DOB: _____ School: _____

Grade: _____ Years in Program: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Youth Softball



PLEASE CIRCLE ONE SHIRT SIZE:

Youth: YS YM YL

Adult: AS AM AL AXL

Please Circle Age as of January 1, 2019

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

Please Help if You Can!

I would like to: Coach: _____ Assist. Coach: _____

Sponsor Team (fee \$175.00) _____

Name: _____

Email Address: _____

Phone: _____

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

Tri-County League

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

Practices begin after Spring Break

For important dates and other information please visit our website

REGISTRATION DEADLINE: February 22, 2019

Space is limited. To ensure enrollment please include player fee with registration by deadline. After registration deadline please call for availability. **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

***SHOW YOUR TEAM SPIRIT! YOU CAN NOW ORDER FAN SHIRTS AND TEAM HATS!! CALL US BEFORE MARCH 20TH TO ORDER**

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

*****NO EXCEPTIONS*****

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 (if parent cannot be reached): _____

Phone: _____

Physical Limitations (allergies, hearing, sight, etc.): _____

Parent/Guardian Signature: _____

Player Fee \$65.00

EARLY BIRD SPECIAL!

REGISTER BY FEBRUARY 15TH

AND SAVE \$10!

(\$10 discount for each additional child)

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

Or register online @ bcparksrec.com