

# Sharptown Recreation and Parks Council - Sharptown Softball League

## Sign Up Sheet

<b>Child's name:</b>	
Age:	
Date of birth:	

Address 1:	
Address 2:	
City, State Zip:	
Child's cell phone number:	

School / Grade:						
League (circle one):	T-Ball	Youth	Teen			
Youth or Adult shirt:	Youth		Adult			
Shirt size (circle one):	XS	S	M	L	XL	XXL

This is for need to know information. IE; Diabetes, Asthma, Food Allergies, etc..	
Medical conditions:	
Allergies:	
Medications:	

<b>Parent's/guardian's name: (PLEASE PRINT)</b>	
---	--

<b>Parent's/guardian's signature:</b>	
---------------------------------------	--

Primary and Secondary Contact Information				
<b>Parent's/guardian's name:</b>				
Relationship:				
Address:				
City, State Zip:				
Can you help / coach?:	Yes	No	Yes	No
Email Address:				
Home phone number:				
Cell phone number:				

<b>Parent's/guardian's name:</b>				
Relationship:				
Address:				
City, State Zip:				
Can you help / coach?:	Yes	No	Yes	No
Email Address:				
Home phone number:				
Cell phone number:				

<b>Date:</b>	
--------------	--

<b>Fees - \$</b>	
<b>Member's Initials:</b>	

<b>Waiver:</b>
<p>My signature, on the lower left hand side of this page, signifies that I am aware that the Sharptown Softball League and the Sharptown Parks and Recreation Dept. do not carry hospitalization and/or accidental type insurance on any of the players, coaches or any other person engaged in any manner in the softball program. I agree that I will have no claim against the Sharptown Parks and Recreation Dept., the Town of Sharptown or the Sharptown Softball League for any losses or injuries my child may sustain while participating in the program. Further, I agree that my child's team assignment and any changes therein will be made pursuant to League rules.</p>

**Thank you for your support!**