



**SUMTER COUNTY RECREATION & PARKS
2017 FALL BASEBALL / SOFTBALL REGISTRATION
(Please Print or Type)**

Participant's Name _____ Birthdate _____ Male / Female

Address _____ City _____ State _____ Zip _____

Primary #(____)____ - _____ Second #(____)____ - _____ (Parent) E-Mail _____

Parent's Name (Print) _____ I will coach Y/N I will assist Y/N

School _____ Player's Size: YouthS * YM * YL * AdultS * AM * AL * AXL * AXXL

I would like to sponsor a team Y/N If yes, Sponsor's Name _____ # (____) _____ - _____

<u>PLEASE CHECK APPROPRIATE AGE GROUP</u>			
Baseball			
___ 7 & 8 yr olds	(As of 4/30/2017)	Age ___	\$45.00
___ 9 & 10 yr olds	(As of 4/30/2017)	Age ___	\$45.00
___ 11 & 12 yr olds	(As of 4/30/2017)	Age ___	\$45.00
___ 13 & 14 yr olds	(As of 4/30/2017)	Age ___	\$45.00
Softball			
___ 7 & 8 yr olds	(As of 12/31/2017)	Age ___	\$45.00
___ 9 & 10 yr olds	(As of 12/31/2017)	Age ___	\$45.00
___ 11 & 12 yr olds	(As of 12/31/2017)	Age ___	\$45.00

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I FULLY UNDERSTAND ALL FEES ARE NON - REFUNDABLE:

Parent / Guardian Signature

PLEASE NOTE:

All Participants will be in a draft system. There is no guarantee a participant will get placed on a certain team or with a certain coach. Any special request will be given to the coaches on selection day. All participants in competitive age divisions will be required to play with their age group. Participants will not be allowed to move up or stay down in age divisions.

List any known medical conditions, medications, or allergies. In case of emergency this information may be shared with medical professionals _____

Sumter County Recreation & Parks Release of Liability Form

My signature below gives my approval for the above to participate in any and all league activities during the 2015 Fall Soccer Season. I assume all risk and hazard incidental to such participation, **including transportation to and from all activities**; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY			
Amount Paid\$ _____	Check # _____	Cash _____	Date _____
Employee _____		Recorded in Rec Trac _____	
Receipt # _____	Comments _____		