

# 2017 Parker Recreation Application

Registration deadline is March 15, 2017

Softball Player Information (Girls)				Age Bracket (age as of 1/1/2017)					
Last Name	First Name	T-Shirt Size	Birth Date	Age as of 1/1/17	Coach Pitch		Kid Pitch		
					7/8 yrs \$30	9/10 yrs \$40	11/12 yrs \$40	13/14 yrs \$40	15/16 yrs \$40
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						

\*\* Please specify youth or adult size shirt

## PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_

First Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

School Child Attends \_\_\_\_\_

Email \_\_\_\_\_

Best way to be contacted:      email      voicemail      text

Would you help:              Coach \_\_\_\_\_

Asst. Coach \_\_\_\_\_

If so, what sport? \_\_\_\_\_

MAKE CHECK PAYABLE TO: **PARKER REC BOARD**  
(fee must accompany application)

Total Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

### CONSENT FOR TREATMENT (MINORS)

As the parent or legal guardian of the named registrant(s), I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

\_\_\_\_\_  
Signature of parent or guardian (Signature required before child can play)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I, the parent/guardian of the registrant(s), agree that the registrant and I will abide by the rules of the Parker Rec Board, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the above activities and in consideration for Parker Rec Board accepting the registrant(s) for its programs and activities (the Programs), I hereby discharge and/or otherwise indemnify Parker Rec Board, its affiliated organizations and sponsors, their employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim by, of, on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transpiration I hereby authorize.

\_\_\_\_\_  
Signature of parent or guardian (Signature required before child can play)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_