**2021 SOFTBALL & BASEBALL**

** Ages 4 & up**

**(must turn 4 by April 1st)**

**Registration Fee: $35**

**Sign Up Now until April 9, 2021**

**Older Age Groups Will Have A Skills Evaluation Prior to Team Drafts**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_(Youth or Adult)

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

Primary Contact Secondary Contact

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Text ok? \_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text ok? \_\_\_\_

* Allergies/ medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Would you be interested in helping coach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTAL AUTHORIZATION

I, the parent, or guardian of the above candidate hereby give my approval to his/her participation in any sports activities during the current season. I assume all risks and hazards incidental to such participation including covid exposure, and do hereby waive, release absolve, indemnify, and agree to hold harmless the parent, local organization, organizers, sponsors, supervisors, facilities owners, other participants from activities, for any claim arising out of the sports season. I also grant permission to managing personnel or other league representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in the league activities when neither parent/legal guardian is available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above-named player upon request by the league officials. I hereby agree to the Parental Authorization. I also hereby agree to play with any team, and any division to which my child is assigned to for the season.

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

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

**As we all know this year will be much different than in the past due to Covid-19 restrictions, please be patient and understanding as we are all ready to see our children playing on the field again. Covid restrictions are changing daily so you will receive a packet of information regarding all current restrictions at your first practice.**

**Ways to turn in your registration: by mail- P O Box 310, Ellerbe, Ellerbe Town Hall drop box, email to** [**jamieenglish@rsnet.org**](mailto:jamieenglish@rsnet.org)

**Please remit payment with your applications or call Town Hall at (910)652-6251 to pay by phone.**