

FLETCHER RECREATION PARK, INC.

P.O. Box 1852 • Fletcher, NC 28732

Phone 828-687-4545

REGISTRATION FORM

Based on child's age on or before July 31st, 20 ____

- ___ T-Ball (Ages 5-6) ___ Pee-Wee (Ages 7-8) ___ Minor League (Ages 9-10)
- ___ Little League (Ages 11-12) ___ Senior League*(Ages 16-18) ___ Pony League(Ages 13-15)
- ___ Girl's Fast Pitch (Ages 7-9) ___ Girl's Fast Pitch (Ages 10-12 - 13-15)

Child's Age on or before **July 31st, 20** _____ E-mail Address _____

Child's Name _____ Sex _____ Date of Birth _____

Mailing Address _____ Home Phone _____
complete

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

School Attend's _____ Allergies/Medication _____

NOTE: TEAM SELECTION WILL BE DONE BY THE COACHES OF FLETCHER REC. PARK. ALL SELECTIONS ARE FINAL. NO TEAM REQUESTING ALLOWED.

This program is sponsored by Fletcher Recreation Park, Inc., which assumes all responsibilities for this program.

I/We the parents of the above child, hereby give my/our approval to his/her participation in any and all Fletcher Recreation Park, Inc. activities. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities and I/We do hereby waive, release, absolve and indemnify and agree to hold harmless the officers, directors, sponsors, coaches, participants, Town of Fletcher and persons transporting my/our child to or from activities for any claim arising out of an injury to my/our child, except to extent covered by supplemental insurance taken out by Fletcher Recreation Par, Inc. In the event of injury to my/our child while in Fletcher Recreation Park, Inc. activities, I/We understand that a reasonable effort will be made to contact me/us, and in the event that I/We cannot be located, I/We authorize Fletcher Recreation Park, Inc. to obtain emergency medical care for my/our child as required and I/We further agree to indemnify and hold harmless Fletcher Recreation Park, Inc. or its representatives in the use of reasonable care in the ordering of such treatment.

I/We also agree to abide by the rules and regulations as prescribed by Fletcher Recreation Park, Inc. regarding the conduct of players, coaches and spectators at Fletcher Recreation Park, Inc. activities. I/We understand that my/our child's continued participation in Fletcher Recreation Park, Inc. activities depends upon my/our child abiding by these rules and regulations.

I/We furnish herewith a copy of the certified birth certificate of the above named. I/We certify that the above date is correct.

ABSOLUTELY NO REFUNDS

Signature of Parent or Guardian _____ Date _____

Birth Certificate _____ Supplied _____ Cash Shirt Size: YM YL YXL AS AM AL AXL AXXL

_____ Check # Received By _____ Pant Size: YS YM YL YXL AS AM AL AXL