



MONTGOMERY COUNTY PARKS & RECREATION

AGE 8-12 SOFTBALL REGISTRATION FORM

Player's Full Name _____
(Must Match Birth Certificate) First Middle Last

Player's Address _____

Player's Phone _____ Player's Age _____ Date of Birth ____/____/____
(Age on May 1st)

Parent's Email Address _____

School _____ Grade _____

Did player participate in Softball last year? YES NO What League? _____

Father's Name _____ Mother's Name _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

In case of an emergency contact (other than parents) _____ Phone _____

I would like to volunteer for: MANAGER ASSISTANT COACH TEAM MOTHER

Does this player have ANY health problems? YES NO

If yes, please list: _____

Is player covered under a health insurance plan? YES NO

If yes, please provide name of insurance carrier: _____

I hereby grant permission for League representatives to obtain medical care from any licensed physician or hospital should my child become ill or injured while participating in League activities when neither parent/guardian is available to grant authorization for emergency treatment.

In consideration of my child being accepted in the Montgomery County Recreation League, I do hereby waive and release all rights and claims for damages sustained and suffered by my child and/or family in connection with his or her association and participation in said Montgomery County Recreation League.

Signature of Parent/Guardian

Relationship

Date

Player's Shirt Size (Please circle one)

Youth S M L **Adult** S M L XL