**TOWN OF ELLENBURG**

2024 SOFTBALL/BASEBALL & SOCCER

REGISTRATION FORM

  ![C:\Users\hmagoon\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SSRBAKVF\1407858226[1].png]()

Please fill out this form and return by email to: magoonheather@yahoo.com

|  |
| --- |
| Player Information |
| Childs Name:  | Click or tap here to enter text. | Sex: M [ ]  F [ ]   |
| Date of Birth: | Click or tap here to enter text. | Current age:  |

|  |
| --- |
| Contact Information |
| Physical Address: | Click or tap here to enter text. |
| Parent/Guardian name: | Click or tap here to enter text. |
| Phone #: | 1.Click or tap here to enter text. | 2. Click or tap here to enter text. |
| In case of emergency and I can’t be reached: Name and Phone: | Click or tap here to enter text. |

|  |
| --- |
| Other Information |
| Allergies (include food): | Click or tap here to enter text. |
| Physical Limitations: | Click or tap here to enter text. |
| Shirt Size: | Youth: [ ] S [ ] M [ ]  L | Adult: [ ] S [ ] M [ ]  L |
| Interested in Coaching? | Sport: Click or tap here to enter text. | Level: Click or tap here to enter text. |

[ ]  **BASEBALL/SOFTBALL –** ages 7-16 Childs age as of 7/31/24 \_\_\_\_\_\_\_

[ ]  **T-BALL –** ages 4-6 Childs age as of 7/31/24 \_\_\_\_\_\_\_

[ ]  **SOCCER –** ages 4-13Childs age as of 10/31/24 \_\_\_\_\_\_\_

**\*\*Please complete page 2\*\***

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**WAIVER & RELEASE OF LIABILITY**

DISCLAIMER: My child, Click or tap here to enter text., has my permission to participate in the Town of Ellenburg Sports and Programs. I understand that participation in sports activity involves rigorous physical activity and creates a risk of physical injury, as the parent or guardian of the above-named child, I assume that risk. I hereby consent to emergency transportation and treatment of my child in the event illness or injury. I further certify that my child named here is in good physical condition and have no pre-existing medical or physical condition that would further endanger the health, safety, or welfare of my child should he or she participate in youth commission sports activities. As the parent and/or guardian of the above name child I hereby covenant and agree to the release and hold harmless to the extent permissible by law, the Town of Ellenburg and its employees from any liability, loss, damages, claims, or actions for bodily injury and /or property damages occurring by reason of the participation of my child in Youth Commission sports and program activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Parent or Guardian Signature |  | Name |  | Date |

**PHOTO RELEASE**

I give permission for the Town of Ellenburg to release pictures taken of my child,

 Click or tap here to enter text., during participation in Town Team Sports/and or Programs.

 [ ]  yes, I agree [ ] no

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Parent or Guardian Signature |  | Name |  | Date |

Please Contact Heather Magoon with any questions: 518-569-1018 call / text

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