



WILLOWICK GIRLS SLOW PITCH SOFTBALL REGISTRATION

CHILD'S NAME _____ D.O.B _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ Phone # () _____

MOTHER'S NAME _____ Phone # () _____

IS YOUR CHILD COVERED BY MEDICAL INSURANCE? YES ___ NO ___ HEIGHT _____

DESCRIBE ANY ALLERGIES OR SPECIAL MEDICAL CONSIDERATIONS: _____

I GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY DAUGHTER

YES _____ NO _____ INITIALS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

****PLEASE READ AND SIGN WAIVERS ON BACK****

CHILD'S SHIRT SIZE (CIRCLE ONE) Youth - S M L Adult - S M L XL

E-MAIL _____

COACHES ARE NEEDED, Would you be interested in Coaching? (CIRCLE ONE)

YES NO

<u>AGE</u>	<u>DIVISION</u>	<u>RES</u>	<u>NON-RES</u>
7-9 years	PIGTAIL	\$70	\$75
10-13 years	PONYTAIL	\$70	\$75
14-18 years	MAJORS	\$70	\$75

DATE _____ PAYMENT METHOD (CASH, CHECK, CARD) _____ TOTAL PAID _____

WAIVER OF CLAIMS AND INDEMNIFICATION

The undersigned _____ (Parent/Guardian of _____) hereby consents to participate in the above named recreation program sponsored by the Department of Recreation, City of Willowick. I assume all risks, injuries, illnesses, and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless any and all claims for damages against the Willowick Recreation Department, officers, employees, and the instructor, on their own behalf on account or resulting from participating in such activity.

PARENTS CODE OF CONDUCT

- I will remember that children participate to have fun and that the game is for youths not adults.
- I will be a positive role model and encourage sportsmanship by showing respect and courtesy to all.
- I will not engage in any kind of unsportsmanlike conduct with officials, coaches, players or parents such as booing, taunting or using negative or profane language or gestures.
- I will support coaches and officials working with my child.
- I will demand a sports environment that is free from drugs, tobacco and alcohol.
- I will teach my child that doing one's best is more important than winning so that he/she will never feel defeated by the outcome of a game or his/her performance.
- I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- I will praise my child for competing fairly and trying hard.
- I will ask my child to treat other players, coaches, fans and officials with respect.
- I understand that the Willowick Recreation Department has a No Tolerance Policy when there is a failure to follow the code of conduct.

Parent's Signature

Date

PROGRAM PHOTOS

We are seeking your permission to display youth basketball pictures that may have your child in them. The Recreation Department uses photographs to display various recreation programs offered throughout the City. These photos may be used in publications such as events and program flyers, and on the City's website. Please sign below to grant permission for use of program photos that may have your child in them.

Parent's Signature

Date

SCA & LINDSAY'S LAW

I have received the informational handout regarding Sudden Cardiac Arrest (SCA) and Lindsay's Law. Along with my child; I will review, sign, and return the informational handout on the first day of practice.

Parent's Signature

Date