

Windsor Area Recreation Commission
Baseball Program Registration & Parent Permission Form

Today's date:		Activity: Fall Baseball 2018			
PLAYER INFORMATION					
Player's last name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone #:	
Street Address:	City/State:	Zip Code:	Municipality:	Age on 4/30/18:	Birthdate:
School & Grade:	Parent/Guardian:		Email Address:		
TEAM INFORMATION					
Has child played before: <input type="checkbox"/> Yes (if so, when?) _____ <input type="checkbox"/> No		Age Qualifications: Participants may not be older than the age group they are in as of April 30, 2018. Every effort will be made to place each player on the age appropriate teams provided enough players have registered. All age divisions may not be available each year and you will be contacted if any age division change is required.			
		<input type="checkbox"/> 7u (Ages 6 & 7) <input type="checkbox"/> 9u (Ages 8 & 9) <input type="checkbox"/> 11u (Ages 10 & 11) <input type="checkbox"/> 13u (Ages 12 & 13) <input type="checkbox"/> 15u (Ages 14 & 15) <input type="checkbox"/> 19u (Ages 16 thru 19)			
How did you find out about our program? (Circle One)		Previous Team/Coach _____		Returning Jersey # _____	
School Flyer Program Guide Website Email Facebook Other		Requested Team/Coach _____		Preferred Jersey # _____	
		Number of Years Played _____			
		Player's Level of Commitment: <input type="checkbox"/> Fully committed: All efforts will be made to arrange my child's spring schedule around baseball practices and games. <input type="checkbox"/> Partially committed: My child is involved in other activities (i.e. other sports, Boy Scouts, trips) that will conflict with some practices / games. Please explain any specific details _____ <input type="checkbox"/> Not committed: I cannot guarantee my child's committed to the team			
EMERGENCY INFORMATION					
Other adult to contact in case of emergency:		Phone #:		Preferred Hospital:	
Please list allergies (especially to insect bites/stings), along w/instructions for treatment:					

I freely and willfully, without coercion or pressure of any kind, give permission for my son / daughter to participate in the above Windsor Area Recreation Commission Program. I understand that this sport may involve certain risks of injury, including fractures, brain injuries, paralysis or possible death. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, Windsor Township and Borough, the respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity. I also give permission for my child's picture to be used for promotional purposes.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment.

Signature of Parent/Guardian

Date

I will support the Windsor Area Recreation Commission Program as: (please ✓ all that apply)
Your children will appreciate your participation in their activities.

_____ **Team Coach / Assistant Coach** (Please Circle)

_____ **Team Coordinator** (Aids Coach with Administrative Tasks)

Shirt Size (Circle): S M L XL 2XL 3XL

Hat Size (Circle): S/M L/XL

- **COPY OF BIRTH CERTIFICATE IS REQUIRED UPON REGISTRATION.**
- Please make all checks payable to: WARC (Note: there is a \$20 fee for all returned checks)
- **No refunds unless the player is physically unable to play due to injury, has moved 20 miles out of the area, or WARC is unable to accommodate a player based on their skill and/or age level.**
- Disciplinary policies and procedures regarding both parents and players are on file at the WARC office. **No refunds will be granted to players who are dismissed from a team due to disciplinary reasons for both children and parents.**
- **No guarantees or promises can be made as to which team a player will be assigned to. Assignment will be based on league rules, team availability, player skill level, previous team assignments, etc. with special requests being considered.**

Registration Fees

Fees	(Ages 7u-15u)
Resident (RLASD)	\$90.00
Non-Resident	\$100.00
Uniform (Jersey, Hat, Belt, & Socks)	\$40

POLICY FOR THE USE OF TOBACCO AND/OR ALCOHOL PRODUCTS:

Smoking and/or use of all tobacco and alcohol products by players, coaches or spectators on any Windsor Area Recreation Commission facility or grounds before, during or after any organized recreation event or program is prohibited.

Program Participation:

Due to limited resources, it may become necessary to limit enrollment in the WARC Baseball Program. Every effort will be made to place all registrants on a team. **Red Lion Area School District Residents will receive priority.** WARC will refund the registration fee to any non-RLASD resident excluded from the program.

Inclement Weather:

It is at WARC's discretion to cancel or reschedule missed practices and games, due to inclement weather. The weather forecast is out of WARC's control.

BASEBALL UNIFORM

	Youth SM (Chest) (30"-32")	Youth Med (Chest) (32"-34")	Youth LG (Chest) (34"-36")	Adult Small (Chest) (34"-36")	Adult Med (Chest) (38"-40")	Adult LG (Chest) (42"-44")
(\$20) Jersey Size						

(\$5) Sock Size (Circle): XS (Child 9-12.5) S (Child 12.5-5) M (Men's 4.5-8.5) L (Men's 8.5-12)

(\$5) Belt Size (Circle): Youth (18"-32" waist) Adult (32"-46" waist)

(\$10) Hat Size (Circle): Youth Adult

All forms and payment are due upon registration. NO EXCEPTIONS.

OFFICE USE ONLY

\$ _____ (Ages 7u-15u) Resident \$90 Pay Method _____

\$ _____ (Ages 7u-15u) Non-Resident \$100 CC # _____

\$ _____ (Ages 19u) Resident \$100 Exp. Date _____

\$ _____ (Ages 19u) Non-Resident \$110 CVV _____

\$ _____ Uniform \$40 Date Rec'd _____

\$ _____ Family Discount (\$5) Rec'd by _____

\$ _____ TOTAL PAID



My Child whose name appears below has my permission to play in the York County Baseball League for the 2018 season. I/We waive any claim against York County Fall Baseball and its officers, its division and their officers and coaches of the team associated with it for any or all causes/results which may arise in connection with my child's participation in this sport. In consideration of my child's rights to participate in the above activity, we agree to indemnify and hold harmless any officer or members of the organization from all damages and liabilities which they may incur as a result of any claim of suit arising out of my child's participation in said organization activities.

Parental Pledge: It is the aim of Windsor Area Recreation Commission to provide an athletic environment that promotes teamwork, sportsmanship, and fair play. We recognize that as parents you are role models, and as such, you play an integral role in instilling these character traits in your children. WARC asks parents to foster an atmosphere of support and encouragement for the players as they participate in athletics, regardless of outcome - successes or mistakes. If a parent becomes unruly, coaches and/or the recreation director have the right to escort them away from the immediate playing/incident area and restrict them from future sporting event attendance within the Windsor Area Recreation Commission.

Childs Name, Printed: _____

Parents Name, Printed: _____

Parents Signature: _____

Date: _____