

Windsor Area Recreation Commission  
Tee-Ball Program Registration & Parent Permission Form  
(Please Print)

Today's date:		Activity: Summer 2019 Tee-Ball			
<b>PLAYER INFORMATION</b>					
Player's last name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #:	
Street Address:	City/State:	Zip Code:	Municipality:	Age as of 6/1/19:	Birth date:
School & Grade(2019-2020 School Year):	Parent/Guardian:		Email Address:		
<b>TEAM INFORMATION</b>					
Has child played before: <input type="checkbox"/> Yes <input type="checkbox"/> No		Age Group: <input type="checkbox"/> 4-5 year olds <input type="checkbox"/> 6-7 year olds			
Special Request:		Previous Team/Coach:			
		Number of years played:			
<b>EMERGENCY INFORMATION</b>					
Other adult to contact in case of emergency:		Phone #:		Preferred Hospital:	
Family Doctor:			Phone #:		
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** (communicates with coaches & performs some administrative tasks)

- 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 when possible.

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

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. Pets are prohibited within Township and School District indoor & outdoor facilities.

**Registration Fees**

Fees	Amount	X
Resident (Red Lion Area School District)	\$50.00	
Non-Resident	\$60.00	

\*\$5.00 family discount after full registration paid for one child from the same address!

**Uniform:** (Please check (✓) size required)

\*Hat recommended for boys/visor recommended for girls\*

	Youth XSM (4-5)	Youth SM (6-8)	Youth MD (10-12)	Youth LG (14-16)	Adult Small (16-18)		Hat	Visor
Shirt Size						Hat or Visor		

**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.

Parent's Name, Printed: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

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OFFICE USE ONLY

\$ \_\_\_\_\_ Resident Fee (\$50)  
 \$ \_\_\_\_\_ Non-Resident Fee (\$60)  
 \$ \_\_\_\_\_ Family Discount (\$5)  
 \$ \_\_\_\_\_ Hat/Visor Discount (\$5)  
 \$ \_\_\_\_\_ TOTAL PAID

Pay Method \_\_\_\_\_  
 CC # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 CVV \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Rec'd by \_\_\_\_\_