

2020 STCC Park and Rec Softball

56 Cleversburg Road, Shippensburg PA 17257

PHONE: 717.532.6770 Ext. 111 Email: parkandrec@southhamptontwp.com

WSM Softball Registration Open January 2nd, 2020 – March 28th, 2020

Player's Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____

City, State, Zip Code: _____

Cell Phone No.: _____ Email Address: _____

Shirt Size: YS____ YM____ YL____ Adult S____ Adult M____ Adult L____

Parent(s)/Guardian(s) Name: _____

Gender: M () F ()

Please check the Corresponding Team for your Son or Daughter:

If you have more than one child participating in the league, a form will need to be completed for each child.

SOFTBALL: 8U____ 10U____ 12U____ 14U____ 16U____ 18U____

Has your son/daughter played TBall/Ball before? YES () NO () If so, what team? _____

Softball players are eligible to play up. Meaning, if you have a 6 or 7-year-old who has been in T-Ball and is ready to move up, they are eligible to play on an 8U team or if you have an 8 year old who you would like to play on a 10U team, that is permitted.

Interested in Coaching or being a Team Mom for your son or daughter's team...

Name: _____ CHECK ONE: Coach: ___ Team Mom: ___ Shirt Size: _____

Name: _____ CHECK ONE: Coach: ___ Team Mom: ___ Shirt Size: _____

I/We, the parents/guardians of the above boy/girl, give my/our consent to his/her participation in any and all Township T-Ball/Baseball/Softball activities during 2020. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, except to the extent and in the amount covered by accident of liability insurance. I/We also agree to furnish a certified Birth Certificate if requested.

Insurance I/We agree to use our personal insurance benefits as primary coverage and use those benefits provided by the Township as a secondary coverage. Name of insurance: _____

A COACH WILL BE IN CONTACT WITH YOU IN MID MARCH FOR PRACTICE TIMES, GAMES AND OTHER IMPORTANT INFORMATION.

Code of Conduct: I/We have read, agreed to abide by and the Parental Code of Conduct.

Signature _____ Date _____

Township Use Only: Date of Registration: ____/____/____ Fee Paid: _____ Check#: _____ Cash: _____

Credit /Debit Card No.: _____ Exp: _____ CVC Code: _____

* \$3 Fee up to \$113 will be applied for Credit/Debit Card Use. \$4+ will have a fee of 2.65%

* Returned Checks will incur a \$25 fee.