

EATON RURITAN COMMUNITY PARK

Knee-High T-Ball • T-Ball • Coach Pitch • Fast Pitch • Softball Program

www.eatonruritan.com

DATE: _____

PHONE: _____

MALE _____ FEMALE _____

SHIRT SIZE		LEAGUE
YOUTH:	S M L (CIRCLE SIZE)	
ADULT:	S M L XL XXL (CIRCLE SIZE)	

CHILD'S NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____

ADDRESS: _____

CONTACT PARENT NAME: _____

DOES CHILD HAVE ANY MEDICAL PROBLEMS OR REQUIRE ANY MEDICATION THAT HIS/HER COACH SHOULD BE AWARE OF? YES NO IF YES, PLEASE NOTE:

AGE NOW _____ DATE OF BIRTH (MONTH) _____ (DAY) _____ (YEAR) _____

DID HE/SHE PLAY AT EATON PARK LAST YEAR? YES NO

IF YES, WHOSE TEAM WAS HE/SHE ON? _____

DOES HE/SHE HAVE ANY BROTHERS OR SISTERS PLAYING? YES NO

IF YES, LIST THEIR NAME(S), AGE NOW, AND WHOSE TEAM THEY WERE ON:

THIS IS TO CERTIFY THAT THE ABOVE NAMED CHILD HAS PERMISSION TO PARTICIPATE IN THE RURITAN COMMUNITY PARK T-BALL/SOFTBALL/BASEBALL PROGRAM. IT IS UNDERSTOOD THAT I/WE THE PARENT(S) OR GUARDIAN(S) ARE RESPONSIBLE FOR INSURANCE FOR THE CHILD PARTICIPATING AND THAT THE RURITAN PARK IS NOT RESPONSIBLE FOR ANY INJURIES INCURRED.

IF A CHILD'S AGE IS IN QUESTION, A BIRTH CERTIFICATE OR PROOF OF AGE MAY BE REQUESTED.

PARENT OR GUARDIAN'S SIGNATURE _____

RELATIONSHIP TO CHILD _____

AS PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, I WOULD BE WILLING TO VOLUNTEER TIME AS: COACH OR ASST. COACH

REGISTRAR