

Warsaw Summer Recreation 2011

Baseball & Softball Program

(please complete both sides)

Dear Parents or Guardians,

It is once again time to register your child for the Warsaw Summer Recreation Program. Please complete the following information and sign below. Please complete the medical consent form on back.

Players Full Name _____

Age _____ Date of Birth _____

Address _____

Primary Phone _____ Alternate phone _____

Select a shirt size (circle one) YOUTH Small Med Large Ex Large

ADULT Small Med Large Ex Large

I am interested in helping out with: Field maintenance (prior to season) _____

Coach _____ Asst. Coach _____

Please put an X next to the program your child will be participating in.

BOYS

_____ Tee Ball 5-6 yrs old as of May 1, 2011

_____ Coach Pitch 7-8 yrs old as off May 1, 2011

_____ Minor League 9-10 yrs old as of May 1, 2011

_____ Major League 11-12 yrs old as of May 1, 2011

GIRLS

_____ Tee Ball 5-6 yrs old as of January 1, 2011

_____ Coach Pitch 7-8 yrs old as of January 1, 2011

_____ Flat Pitch 9- 10 yrs old as of January 1, 2011

_____ Modified Flat Pitch 11-12 yrs old as of January 1, 2011

_____ Fast Pitch 13-14 yrs old as of January 1, 2011

This form must be completed as soon as possible and returned with a check payable to the **Village of Warsaw**.

Payment may be mailed to: PO Box 399 Warsaw, Ohio 43844.

The program cost for this year will be **\$35.00** per child or a family cap of **\$70.00**. All registration forms are expected to be turned in by March 1, 2011. We will accept them later, but that could affect team placement. If financial assistance is needed please contact Rob McFarland at 502-7546.

Girls Softball will be played under the Lady Bears Softball Association, who reserves the right to combine age groups in the interest of the youth participating and assumes NO liability as with the Warsaw Recreation Program for accidents or injuries which may occur as a result of participation therein.

All children are covered by our insurance policy during the summer program. In the event of an accident, your family's primary insurance policy should cover your claim. Our insurance policy will assist, if necessary, only as a secondary policy.

We require participation in our yearly fundraiser to keep our sign up fees as low as possible. In the event you wish not to participate in said fundraiser buyout will be available. Monetary amount will be based on what the fundraiser would have brought in per child or family cap.

Thank you for your support!

I agree and understand the above information.

Parent/ Guardians Printed name _____

Signature _____ Date _____

Meetings for questions, concerns, complaints or ideas will be held the last Wednesday of the each month prior to games starting at the Mayors Office in Warsaw. Any issues that need immediate resolution should be brought to the attention of Rob McFarland 502-7546. Warsaw Recreation is an agency of United Way Coshocton County

Warsaw Recreation Medical Release

Players Name _____ Birthdate _____

Purpose: to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under program authority, when parents or guardians cannot be reached.

Part I or II must be completed before your child will be allowed to participate in program

Part I

Contacts

Name _____ Relation _____ Phone _____

Alternate phone _____

Name _____ Relation _____ Phone _____

Alternate phone _____

Name _____ Relation _____ Phone _____

Alternate phone _____

In the event reasonable attempts to contact any of the above have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:

Preferred Physician _____ Phone _____ City _____

Preferred Dentist _____ Phone _____ City _____

or in the event the designated preferred practitioner is not available by another licensed physician or dentist: and

(2) the transfer of child to:

Preferred Hospital _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Fact concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician should be alerted: _____

Date _____ Parent/Guardians signature _____

Address _____ Phone _____

Do not complete Part II if you completed Part I

Part II: Refusal of Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I wish the person that represents the recreation program take no action or to: _____

Date _____ Parent/Guardians signature _____

