

"Town of Chesterfield Youth Baseball" REGISTRATION FORM

TOC Youth Baseball participates in the Connecticut Valley Cal Ripken League
T-Ball Ages 5 & 6 -- Rookies Ages 7 & 8 -- Minors Ages 9 & 10 -- Majors Ages 11 & 12

**Please complete a separate form for each player.
Enclose \$40 tuition fee (payable to "Chesterfield Parks & Rec").**

**Registrations can be dropped off at the Chesterfield Library (Information Nights)
Thursday 3/23 from 5:00 – 7:00pm**

**or
Mail to: Chesterfield Parks and Rec, PO Box 175, Chesterfield, NH 03443**

Registrations are due no later than March 24th

Player's Information:

Name: _____ T-shirt size (please circle): YS YM YL AS AM AL

Date of Birth: ____/____/____ Age as of April 30th this year: _____

Address: _____

Medical conditions: _____

Parent/Guardian Information:

Name: _____ PH: _____ Email: _____

Name: _____ PH: _____ Email: _____

Volunteers: Please note if you are interested in helping in any/all of the following categories.

Coach / Asst. Name: _____ Age group: _____

Scorekeeper Name: _____ Age group: _____

Umpire Name: _____ Age group: _____

Would you or your company like to sponsor a team?

The cost is \$200.00 per team and helps keep participation affordable.

The sponsor's name is printed on the team uniforms, giving the benefit of walking billboards!

Company Name: _____ Contact person: _____

Preferred age group (if any): _____ phone: _____

THIS IS NOT A SCHOOL SPONSORED ACTIVITY

SPORTS EMERGENCY CARD

Name: _____ DOB: _____

Address: _____

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE #
1. _____	_____	_____
2. _____	_____	_____
Doctor: _____	Phone #: _____	_____
Dentist: _____	Phone #: _____	_____

Allergies (food or medicine) & any medical conditions we should be aware of:

In case of an emergency or acute illness, I hereby authorize the Director to administer first aid and to refer for medical treatment, including transportation and hospitalization, as may be required under the circumstances.

Date: _____ Signature of Parent/Guardian: _____

Chesterfield Parks & Recreation Permission Slip

NAME OF PARTICIPANT _____

My son/ daughter has permission to participate in the Chesterfield Parks and Recreation Department's program. I hereby waive, for myself and my child, the right to assert any claim arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation sport or activity, I acknowledge that participation in the sport or activity authorized comes with certain risks which are hereby assumed. I relinquish any right which I or my child might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

I hereby authorize the Director, Recreation Program Leader, staff and volunteers of the Chesterfield Parks & Recreation Department to act for me, according to their best judgment, in any emergency requiring medical attention.

Signature of Parent / Guardian

Chesterfield Parks and Recreation