

Clayton Parks and Recreation Department 2010 Baseball/Softball Registration Form

PLEASE WRITE LEGIBLE -- FILL IN THE FOLLOWING INFORMATION OR MAKE ANY NECESSARY CHANGES

"Age" reflects your child's age as of the last sport played with our program ...you will need to change if necessary.

Player's Name	Age	Birthday	Sex	Home #	Best # to contact Mothe	Best # to contact Father
	(refer to back for age as of cut off date)				*No long distant numbers, please -- list only local numbers*	
Street		City	State	Zip	Parent(s)/Guardian(s)	

Shirt Size (based on last sport played with us) **T-Shirt Sizes (Sizes run small and no extras will be ordered--double check and change if necessary)**

Youth: YS (6-8) YM (10-12) YL (14-16)

Adult: AS (34-36) AM (38-40) AL (42-44) AXL (46-48) AXXL (50-52) AXXXL (54-56)

Resident/Non-Resident	A resident is classified as anyone living within the Clayton Town Limits. A Clayton address does not necessarily classify you as a resident.	Last Year's Baseball/Softball Team

_____ I have another child (or children) playing in the same age group. Name(s): _____

A copy of your child's birth certificate is needed to play with the Clayton Parks and Recreation Department.

If the box is checked, a copy of your child's birth certificate is on file. If the box is not checked, we will need a copy for our files.

All players must have insurance prior to participating in practices or games.

_____ I have my own insurance. Company _____ Policy _____

_____ I wish to purchase the insurance offered by the Town of Clayton for a \$6.00 premium.

I hereby give permission for my child to participate in the youth sports program sponsored by the Town of Clayton Parks and Recreation Department. I understand that in sports activities there are risks involved and hereby assume all responsibility for all risks and hazards incidental to this program and transportation to and from this program. I do further release and hold harmless the Town of Clayton, it's Administrators, Officials, Supervisors, Sponsors, Volunteers, and all others involved with the program. I also accept responsibility for my actions, as well as, the actions of my child and will be respectful of the decisions made by the officials and/or the coach.

Parent/Guardian Signature _____ **Date** _____

Please circle if you or your spouse would be interested in coaching: **Head Coach** **Assistant Coach**
(Clinics will be held to train coaches)

FOR OFFICE USE					
Amount Due	Cash Amount	Check Amount	Check #	Date	Rec'd by

----- **DETATCH HERE. KEEP BOTTOM PORTION FOR YOUR RECORDS** -----

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Clayton Parks & Recreation Department
PO Box 879
Clayton, NC 27528
Fax # 553-1521