



For more information
 Phone: 618-532-3214
 Email:
 scott@centraliarecreationcomplex.com

**Baseball/Softball/T-Ball
 2020 - REGISTRATION FORM**

Child's name: _____ Birthdate: _____
 Address: _____ City/Zip: _____
 School: _____ Age: _____ Male/Female: _____

Parent(s) Information

| | |
|---------------------|---------------------|
| Mother's Name _____ | Father's Name _____ |
| Home Phone _____ | Home Phone _____ |
| Work Phone _____ | Work Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Email Address _____ | Email Address _____ |

In Case of Emergency Name(s) _____ Phone Number _____

Please describe any health problems or special circumstances that department officials should be aware of:

Please check:

_____ T-Ball (4/5/6) (Pre-K, K)
 _____ Pinto (6/7/8) (Coach Pitch) (If 6; 2 years of t-ball encouraged)
 _____ Mustang (9/10) Player Position(s): _____
 _____ Bronco (11/12) Player Position(s): _____
 _____ Pony (13/14) Player Position(s): _____
 (14 year olds must still be in grade school)

If staying in same league Male _____ Female _____

PLEASE CIRCLE SHIRT SIZE:

Youth Small(6/8) Youth Med(10/12) Youth Large(14/16)
 Adult Small Adult Med Adult Large Adult XL

WOULD YOU BE WILLING TO COACH? : YES / NO OR ASSIST? YES / NO
 If yes, Name _____ & Shirt Size _____

Resident: \$30
 *within Centralia city limits
Non-Resident: \$40
 *outside of Centralia city limits
**(\$5 Late Registration Fee
 After March 28, 2020)**

Office Use Only

Paid: _____ Cash/Card/Check # _____ Late Fee: _____ Medical Card(\$20): _____

Child's Name: _____

Release and Hold Harmless Agreement

In accordance with the Centralia Recreation Department's Board Policy, ALL participants of sport/fitness/recreation programs, or associated with such programs, MUST SIGN THIS "Release and Hold Harmless Agreement" form and submit it to the Recreation Department to participate in the program. As a participant of any activity held by the Recreation Department, or associated with the Recreation Department facilities. I recognize and acknowledge that there is a certain risk of physical/mental injury and I agree to assume FULL risk of any injuries, damages, or loss which I may sustain or that may occur as a result of participating in or use of any and all activities or facilities connected with or associated with the Centralia Recreation Department. For and in consideration of my participation in those programs, or any activity associated with the Centralia Recreation Department. I agree as follows: "I agree to waive and relinquish all claims I may have as a result of participating in the programs, or any activities associated with such programs or facilities, against the Centralia Recreation Department, the City of Centralia, its officers, agents, servants, and employees. I do hereby FULLY RELEASE AND DISCHARGE the Centralia Recreation Department, the City of Centralia, its officers, agents, servants, and employees from any and all claims or injuries, damages, or loss which I may have or which may occur to me on account of my participation in any program or facility, or any activity associated with any program or facility. I further agree to identify and hold harmless and defend the Centralia Recreation Department, the city of Centralia, its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my guest arising out of, or connected with, or in any way associated with the activities of the program, or facilities. I have read and fully understand registration policies, refund policies, and the "Release and Hold Harmless Agreement"

Parent/Guardian Signature: _____ Date: _____