

Tealtown Ballpark

(Please Print Clearly)

Player Last Name: _____ First Name: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Alt. Phone: (_____) _____

E-mail Address: _____ Alternate: _____

School District of Residence: _____ School Attended: _____

Date of Birth: _____ Age (as of December 31, 2009) _____ Gender: _____

Doctor: _____ Phone: (_____) _____

Parents or Guardian Names:

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Player's Release and Parent's/Guardian's Permission

In consideration of the acceptance of my entry for softball with or as a member of one of the teams to be accepted by the Mt. Carmel-Glen Este Boosters, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all claims for damage which I have or which may hereafter accrue to me against the league and/or any of it's teams, sponsors, the administrators of the playing field and all respective officers, agents or representatives, successors and by all assigns for any and all damages that may be sustained and suffered by me and/or my child from said league games, practices or exhibitions conducted during the season. I consent to the foregoing and grant permission for my child to participate on the team as accepted by the Mt. Carmel-Glen Este Boosters. I understand that the information provided on this form such as date of birth, addresses and phone numbers are essential and failure to fully complete this form may result in a delay in placing your child on a team.

Refund Policy:

**Prior to the Season: Parents must attend the monthly booster meeting with proof of payment to request a registration refund.
After the First Game: Refunds will be given at the discretion of the board or directors. Parent must attend the monthly meeting to discuss their circumstances with the board.
Refunds requested via telephone messages, coaches etc. will not be considered. The parent must attend the appropriate meeting date closest to the date of their request. Requests made after the mid-season point will not be considered.**

Parent/Guardian Signature: _____ Date: _____

Family Medical Insurance Company: _____ Policy #: _____

Team Played on Last Year: _____ (Please check one) For this season, I

wish to be on the same team _____ wish to be placed on a new team _____ If new team, manager: _____

If needed I will volunteer to: _____ Manage _____ Asst. Coach or _____ work other projects.

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Player Last Name: _____ First Name: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Alt. Phone: (_____) _____

E-mail Address: _____ Alternate: _____

School District of Residence: _____ School Attended: _____

Date of Birth: _____ Age (as of May 1, 2010) _____ Gender: _____

Doctor: _____ Phone: (_____) _____

Parents or Guardian Names:

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Player's Release and Parent's/Guardian's Permission

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TEE-BALL REGISTRATION FORM

Amount paid \$ _____

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Cash _____ or Check # _____

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Home Phone: (_____) _____ Alt. Phone: (_____) _____

E-mail Address: _____ Alternate: _____

School District of Residence: _____ School Attended: _____

Date of Birth: _____ Age (Must be 4,5 or 6 by January 1,2010) _____ Gender: _____

Doctor: _____ Phone: (_____) _____

Parents or Guardian Names:

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

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