**Van Wert Parks & Rec**

**Coach Pitch Baseball Registration**

***Cost: $30***

1. **& 8 Yr Old’s Coach Pitch**

**Birthday Cut-Off April 30th**

**\****If child turns 6 before April 30th, 2021 athlete is eligible with guardian approval*

**Registration Form**

Players Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_ (Please note Y=Youth or A=Adult Sizes)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Wavier**

I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of such an injury to my child, if I or my spouse cannot be contacted, I give permission to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the Van Wert Parks & Recreation Dept. its elected officials, employees or volunteers from all claims resulting from any an all injuries sustained while participating in Coach Pitch Baseball. I give permission for my son/daughter to participate in the Van Wert Parks & Recreation Dept. Coach Pitch Baseball Program.

**Parent/ Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Picture Release**

In the event that my son/daughter’s picture is taken by the Van Wert Parks & Recreation Dept. I give permission for the picture to be released and used for news articles, city websites, and any other type of advertisement or promotional materials the Parks Dept. may develop.

**Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mail form to: Van Wert Parks Dept

515 E Main St

Van Wert, OH 45891

Drop off at: Jubilee Park Office

137 Gleason Ave.

Van Wert, OH 45891