

Palmer T-Ball/Pitch Ball/Softball League

Registration Form (one form per child)

*****PARENTS ARE TO FILL OUT FORM, please*****

Each player **MUST** have a parent/guardian-signed form **PRIOR** to participating

Player Information

Name _____
Address _____ City _____
Age _____ Birth date _____ Female or Male _____
E-mail Address _____
Mother's name _____ Cell phone _____
Father's name _____ Cell phone _____
Guardian's name (If applicable) _____ Cell _____

Players must be 4 yrs by May 1st and may not turn 15 yrs after May 1st

Choose Division (circle choice)

T-Ball (recommended ages 5-7)

Pitch Ball (recommended ages 8-9)

Softball, Monday (recommended ages 10-14)

****If sibling in same division, request same team?**

Yes No Doesn't matter

Sibling name: _____

I agree to release Palmer Softball League and Township of all liability related to accidents, injuries or COVID risks that might occur while participating in this activity. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

Signature of Parent/Guardian Date Health Insurance Company

CIRCLE SHIRT SIZE BELOW

SHIRT SIZE :(circle one) YOUTH SMALL YOUTH MEDIUM YOUTH LARGE
ADULT SMALL ADULT MED ADULT LARGE ADULT X-LARGE

Volunteers

As the softball program continues to grow, we are constantly looking for volunteers

Volunteer(s) Name _____

Coach Shirt Size AXXL AXL AL AM AS Hat yes or no

Circle choices: *Head Coach* *Assistant Coach* **VOLUNTEER**

*coach your child's team or volunteer 8 hours and your child is free

MAKE CHECKS PAYABLE TO PALMER BALL PROGRAM \$40

www.palmerball.com for more information

Cash rec'd _____ Check # _____