

Director's Use Only
Division:
Rating:

**Delaware Township Athletic Association
PO Box 107, Sergeantsville, NJ 08557**

Softball Registration Form

DTAA is a non-profit community organization, which provides recreational activities in our township. Delaware Township Athletic Association depends on various fundraising activities and assessments from participants. Funds from the township are available for limited field maintenance and improvement, so the charge per participant per sport is less than the total cost of each child's participation.

PLEASE COMPLETE AND SIGN FOR EACH CHILD REGISTERED

Child's Name: _____
Last First MI

Address: _____
Street City ST Zip

Phone/E-Mail: _____
Home Phone Cell Phone (Mother/Father) E-mail Address

Gender: Female Birth Date: ___/___/___
mm/ dd / yy

Grade (during softball season): _____ School: _____

Parent information: _____
Father's Name Mother's Name

Notice: Special team requests may not be honored.

Softball _____ Cost \$80
 All Ages

Check Number: _____ Check Amount: _____

REQUIRED PARENTAL SUPPORT

Parental Support is very important and welcomed. Please check all areas listed below where you are able to help.

- COACH ASSISTANT COACH FIELD PREPARATION SNACK SHACK
 TEAM PARENT TEAM SPONSOR OTHER/DONATION

EMERGENCY CONTACT INFORMATION

Person to notify in emergency _____ Phone No.: _____

Doctor to notify in emergency _____ Phone No.: _____

List any medical problems or prohibitions player may have: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian's Name (Print) Parent/Guardian's Signature Date

GENERAL RELEASE

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of DTAA. I am aware of the possibility of physical injury and assume the risk associated with the DTAA activities. In consideration of the opportunity to participate and other adequate considerations, I release, hold harmless and agree to indemnify the DTAA, its volunteers and associated personnel, including the owners and maintainers of the fields and facilities, against any claims by or on behalf of the registrant directly or indirectly related to this DTAA activity. I authorize transportation to and from the activity.

Parent/Guardian's Name (Print) Parent/Guardian's Signature Date