

HOPEWELL RECREATION AND PARKS
YOUTH BASEBALL/SOFTBALL REGISTRATION
1ST TIME PLAYER/ SEND COPY OF BIRTH CERTIFICATE

MAIL TO: HOPEWELL RECREATION AND PARKS
100 WEST CITY POINT ROAD
HOPEWELL, VIRGINIA 23860

NAME _____ SEX _____ AGE _____ (**AS OF 4/30/10**)
ADDRESS _____ BIRTH DATE ____/____/____
TEAM _____ LEAGUE _____
SCHOOL _____

FATHER _____ HOME PHONE _____
ADDRESS _____ WORK PHONE _____

MOTHER _____ HOME PHONE _____
ADDRESS _____ WORK PHONE _____

MEDICAL INSURANCE CARRIER _____
FAMILY PHYSICIAN _____ PHONE NUMBER _____

We hereby grant permission for our child to participate in the activities of the Hopewell Recreation and Parks Baseball/Softball Leagues of Hopewell, Virginia for the season. We will not hold the Hopewell Recreation and Parks Baseball/Softball Leagues, or any of it's officials responsible for any accident or injury which may occur to this child as a participant or spectator.

In consideration of allowing our child to participate in these activities the undersigned parents and/or guardian of the said _____ (Child Name) a minor we do forever release, discharge, and covenant to hold harmless the City of Hopewell, Virginia, Department of Recreation and Parks of said City, and/or any of the officials or employees from any and all claims, demands, damages, cost expenses, loss of service, act and causes of action, belonging to said minor or to the undersigned arising out of any act or occurrence on account of all personal injury, disability, loss or damages of any kind sustained or that may hereafter be sustained by said minor or by the undersigned in consequence of participating in said activities.

I authorize the coach or other league officials to seek emergency medical attention for my child in the event an injury occurs in my absence.

Please explain any medical disability that we should be aware of:

Signed and seal this _____ day of _____, _____



(PARENT OR GUARDIAN)

FILL OUT COMPLETELY

FOR HOPEWELL RECREATION AND PARKS USE ONLY:

TEAM _____ COACH _____
LEAGUE _____