

# Casco Baseball/Softball League Registration Form

Paid \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_ **\$25.00 athletes/ \$40.00 family**

**( Make checks payable to: Town Of Casco)** If you cannot afford fees, ask about financial aid. We encourage all children to play regardless of skill or ability to pay.

1. Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_  
(First) (Middle Int.) (Last)

### 3. Physical

Address: \_\_\_\_\_  
(NO P.O. BOXES) (Street) (City/State) (Zipcode)

4. Home Phone; ( ) \_\_\_\_\_ Work Phone; ( ) \_\_\_\_\_ Cell Phone; ( ) \_\_\_\_\_

5. Email Address: \_\_\_\_\_ @ \_\_\_\_\_

6. Please check the most reliable method of contacting you;  
 Email  Home Phone  Cell Phone  Work Phone  Home Address  Other

7. Age; \_\_\_\_\_ Birthdate; \_\_\_\_\_

8. School Grade; (Circle One) K 1st 2nd 3rd 4th 5th 6th 7th 8th

9. Family Physician; Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

10. Medical allergies, illness, medications, or other medical conditions; \_\_\_\_\_

11. Emergency Contacts (other than guardian);

_____	( )	_____
(Name)	(Relationship)	(Number)
_____	( )	_____
(Name)	(Relationship)	(Number)

(Please circle): **We rely on your support, please volunteer to help!**

## COACH ASSISTANT COACH CONCESSION TEAM PARENT SCOREBOOK

12. I give permission for \_\_\_\_\_ to participate in the Casco Youth Teeball/Softball/Baseball Program. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Casco Youth Teeball/Softball/Baseball Program. Recognizing the possibility of injury associated with physical activity and in consideration for the Casco Youth Teeball/Softball/Baseball Program accepting the registrant for its baseball programs and activities, I hereby release, discharge, and/or otherwise indemnify the Casco Youth Teeball/Softball/Baseball Program, its sponsors and associated personnel, including the owners of the facilities utilized by the program, from any claim by or on behalf of the registrant as well as a result of the registrant's participation in the program.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. \*I give permission for \_\_\_\_\_ to receive emergency medical treatment when it is requested by any Casco Department of Parks and Recreation Youth Baseball program representatives, in my absence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

