



2020 REGISTRATION FOR ROCKFORD SUMMER RECREATIONAL BALL PROGRAMS

Please complete this form to register your child for the Rockford Recreation Association summer ball program. Please see cutoff date beside each league.

- ☐ T-ball (age 4-5) registration fee is \$25.00 per child
- ☐ Coach pitch league (age 6-8) registration fee is \$25.00 per child
- ☐ Farm League Girls (age 8-10) registration fee is \$35.00 per girl
- ☐ Farm League Boys (age 8-12) registration fee is \$35.00 per boy
- ☐ Travel League Girls (age 11-12) registration fee is \$35.00 per girl
- ☐ Travel Boys (age 11-12 [6th grade]) registration fee is \$35.00
- ☐ Pony League Girls (age 13-15) registration fee is \$40.00 per girl
- ☐ Pony League Boys (age 13-15) registration fee is \$40.00 per boy

Check Here if Interested in Coaching _____

Name: _____

Cannot be 11 by July 1, 2020

Cannot be 13 by April 30, 2020

Cannot be 13 by Jan. 1, 2020

Cannot be 14 by August 1, 2020

Cannot be 16 by Dec. 31, 2019

Cannot be 16 by Aug. 1, 2020

All late registrations received after March 14th will be charged a \$20.00 late fee and not receive a jersey

NAME _____ D.O.B. _____ GRADE _____ AGE ON CUTOFF _____

MALE/FEMALE (circle one) PHONE _____ EMERGENCY _____

ADDRESS _____ CITY, ST., ZIP _____

Please circle correct shirt size: YOUTH shirt size: S M L ADULT shirt size: S M L XL

*The Rockford Recreation Association does not provide uniform pants for any team.
You must supply and have your child wear black baseball pants during games.*

- ☐ ☐ I/we are already signed up and are receiving Rockford Recreation text alerts.
- ☐ ☐ I/we would like to sign up for text message alerts from Rockford Recreation (standard text messaging rates may apply).

1. Cell# _____ Cell Provider: _____
2. Cell# _____ Cell Provider: _____
3. Cell# _____ Cell Provider: _____
4. Cell# _____ Cell Provider: _____

By signing below, I the parent/guardian of the above named applicant, give my permission for his/her participation in any and all program activities. I assume all risk and hazards incidental to such participation including transportation to and from the activities and do here by waive, release, absolve, indemnify, and agree to hold harmless the local organizers, sponsors, participants, coaches, and persons transporting my child to or from activities, for claims arising out of injury to my child whether the result of negligence or for any other cause.

By signing up my child to play ball in the Rockford Recreation summer ball program, I agree to donate my time by working in the concession stand on my designated night/s as assigned by my child's coach and will donate the requested pop/water/Gatorade to be sold in the concession stand assigned to the team on which my child plays.

Signature of Parent/Guardian

Date

OPEN REGISTRATION DATE WILL BE AS FOLLOWS:

Saturday, March 7th – 10:00am-12:00pm - Parkway High School Commons

You may also send your completed registration form, medical form and fees to:

Rockford Recreation - PO Box 16 - Rockford, OH 45882

- or -

Drop off at Rockford Village Office (or after hours drop box)

Write "Rockford Rec" on the envelope when delivering to the Village Office

REGISTRATION DEADLINE IS MARCH 14th!!

All registrations received after March 14th, will be charged a \$20.00 late fee.

After March 21st, late registrations will no longer be accepted.



EMERGENCY MEDICAL CONSENT FORM

| | | |
|--|--|---------------|
| Child's Name | | Male / Female |
| Date of Birth | | |
| Chronic Illnesses or Conditions | | |
| Allergies | | |
| Current Medications | | |
| Date of last Tetanus Shot | | |
| Other Medical Information | | |

Parent Information

| | Name | Telephone | Employer | Work Phone |
|--------------------------------|------|-----------|----------|------------|
| Mother | | | | |
| <i>Step-Father</i> | | | | |
| Father | | | | |
| <i>Step-Mother</i> | | | | |
| Other Emergency Contact | | | | |

Medical Providers

| | Name | Telephone |
|---------------------------|------|-----------|
| Physician | | |
| Dentist | | |
| Medical Specialist | | |
| Hospital | | |
| Other | | |

Medical Insurance Information (optional)

| Medical Insurance Provider | Member # | Group # | Telephone |
|----------------------------|----------|---------|-----------|
| | | | |

In the event your child needs emergency medical care and you are not available to provide formal consent to medical authorities, care may become unnecessarily delayed. In the event of a medical emergency, this form should be provided to responding medical personnel and accompany your child to the hospital/clinic so that medical treatment can be rendered.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent / Guardian Signature

Date