2010 Baseball Registration Form

Hickory / Fountain Green Recreation Council

Please circle: **RETURNING Player** **NEW Player**

Registration Fees (non-refundable) **$70 per player 5-6 and 7-8 Clinics** **Late fee $15**
$80 per player 9-10, 11-12 and 13-15 **$135 16-19 program**

Child's Information Child's age (as of 4/30/2010) _____

Child's Name _____

Phone Number _____

Street Address _____

Date of Birth: _____

Circle Preferred Shirt Size: (While not guaranteed, HFG will try to accomodate selection)

Youth: Medium Large **Adult**: Small Medium Large

School & Grade:_____

2009 League, Team or Coach:_____

Requested Age Group (*as of 4/30/10*) ***Playing out of age group subject to board approval***

5-6 Clinic 7-8 Clinic 9-10 11-12 13-15 16-19

Coach or Teammate Request *(5-6 and 7-8 Clinic **ONLY**)* _____

Any Medical Conditions we need to know about?_____

Parent and Contact Information

Mother's Name _____ Father's Name _____

Primary Phone _____ Secondary Phone_____

Primary Email _____ Secondary Email _____

Program Assistance *(Please circle area(s) of interest)*

Coach	Assistance Coach	Umpire	Concessions
Opening Day	Team Mother	Sponsorship	Registration

I have received, reviewed, and will comply with the HFG Baseball Parents Code of Conduct for 2010 _____(initial)

I, _____, the undersigned Parent / Legal Guardian of _____ _____
do understand that my child will not be covered by any program insurance, and agree that I will not hold the team, program, coach, instructors or recreation council responsible for injuries received while participating in the above noted program.

Please initial here if you would prefer not to have your child's phone number in the Opening Day Program_____

_____ _____/_____/_____

Parent / Legal Guardian **Today's Date**