

# Tee Ball Softball Baseball Sign ups

\$60.00 Per Child Forms due February 15, 2019

\_\_\_ Tee Ball U-6 under

\_\_\_ Softball 8 under

\_\_\_ Coach Pitch U-8 under

\_\_\_ Softball 10 under

\_\_\_ Baseball U-10 under

\_\_\_ Softball 12 under

\_\_\_ Baseball U-12 under

Age is determined by January 1<sup>st</sup>.

Age determine is by May 1st

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Teacher \_\_\_\_\_

Name of siblings also participating in baseball \_\_\_\_\_

Name of Parents/Guardians

Please list in order of contact for coaches to reach you.

1 \_\_\_\_\_ Contact number# \_\_\_\_\_

2 \_\_\_\_\_ Contact number# \_\_\_\_\_

3 \_\_\_\_\_ Contact number# \_\_\_\_\_

4 \_\_\_\_\_ Contact number# \_\_\_\_\_

Are you interested in coaching? Yes or No

DAYS AND TIMES OF PRACTICE:(COACH WILL MAKE FINAL DECISION)

DAYS PLEASE CIRCLE: MON. TUES. THURS. FRI.

TIMES PLEASE CIRCLE: 5:00 PM 5:30 PM 6:00 PM 6:30 PM



**SPORTS UNIFORM/EQUIPMENT STATEMENT OF RESPONSIBILITY**

I understand that my child has signed out a uniform from FMS and we, the parents/guardians, are responsible for the care and condition of this uniform. If the uniform is not returned or is returned in unacceptable conditions, the following action(s) may be taken:

1. The athlete's parents/guardians will be billed for the uniform and or equipment.
2. The student will not be allowed to participate in any other sports until the uniform is returned or paid for.

I \_\_\_\_\_, understand my child's responsibility for the uniform being loaned to my child and the consequences for its condition and timely return.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payments/Refunds**

Players fee to be paid at time of sign-ups

Refunds will be made to participants who drop PRIOR to Team Registrations.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

\$60.00 \_\_\_\_\_ Per Child, Amount Paid \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_

RECEIPT #: \_\_\_\_\_



# Sports Player Card

Football      Basketball      Baseball      Volleyball      Softball

Please circle the appropriate sport above and fill out completely. Please print.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
School Attending \_\_\_\_\_ Team Playing For \_\_\_\_\_

I, \_\_\_\_\_ understand that Division of Play \_\_\_\_\_  
my player can only play for one team in same age division

The undersigned agrees, individually and as parents or guardians, that the above team, the City of Lawton and any of its agents, agencies or boards, shall be released from any liability, claims or demands whatsoever in the event of any accident or injury to player named above resulting directly or indirectly from player's participation as a member of the team. We agree as parents and player not to razz or to make abusive, insulting remarks to or about umpires, officials, coaches or players. For violation of this agreement we understand that the penalty is suspension from attending games or playing until reinstated by the City or Lawton Parks and Recreation commission. It is the responsibility of the parents, coach, booster club and/or team organizer to ensure players are properly registered in accordance with current league registration rules and procedures. Failure to properly register a player could result in your player being an illegal player. All games that an illegal player participates in will be counted as forfeit by loss to the offending team. Properly registered means each player has their physical, player's card, move up form, placement form and any required documentation on file at the Sports Office prior to playing in any games. Birth Certificates may be required for players who are larger or have exceptional ability. \_\_\_\_\_ (Parent's Int)

\_\_\_\_\_  
**Print Name of Parent or legal guardian**

\_\_\_\_\_  
**Signature of Parent or Legal guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coach (must be signed by head or assistant coach)**

\_\_\_\_\_  
**Date**

The above information must be verified by a school official or a booster club representative and/or his/her designee at the school the player attends.

Verified by: Amy Rhoads (print) Amy Rhoads (signature)

Title: Sport Card Date: Jan 2019

### Photo and Video Release Statement

I give permission to the Department of Parks & Recreation and the City of Lawton to use without charge and without reservation, my or my child(ren)'s likeness and any interviews in any medium for any lawful purpose, including but not limited to promoting both above mentioned entities, programs and services.

I agree to forever release, discharge, defend, indemnify and otherwise hold harmless the City of Lawton, Oklahoma, its officials, departments, employees, agents and servants, of, from, and against any and all claims, demands, expenses, or losses of any kind whatsoever.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where in my or my child(ren)'s likeness appears. Please note that crowd scenes where no single person is the dominate feature are exempt from this release requirement.

\_\_\_\_\_ I agree to all terms and conditions as stated above.

\_\_\_\_\_ I DO NOT agree to all terms and conditions as stated above.

By signing below, I hereby acknowledge that I have read and understood the terms of this release.

\_\_\_\_\_  
**Signature of Parent or Legal guardian**

\_\_\_\_\_  
**Date**

Medical and Physical Needs Information

Does your athlete require **any** medication during practice or games?

List any current medication, allergies, illnesses, or physical needs below:

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Doctor or Clinic information in case of Emergency

Dr's Name \_\_\_\_\_

Phone \_\_\_\_\_

Do you give permission to? Please circle yes or no for the three categories below.

Call Doctor		Treat		Call Ambulance	
Yes	No	Yes	No	Yes	No

Consent for Emergency Medical Treatment

I \_\_\_\_\_ hereby give consent for emergency treatment  
(Parent/Guardian Name)

For \_\_\_\_\_ Please transport athlete to: \_\_\_\_\_  
(Athlete Name) (Hospital choice)

If Parent or Guardian cannot be reached please call: \_\_\_\_\_  
(Name of Contact)

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(Home Phone) (Work Phone) (Cell Phone) (Other Phone)