

City of Hawthorne Recreation and Hawthorne Youth Sports

Registration Form

6700 SE 221st Street * Hawthorne, FL 32640

Contact: Amber Pedro at 352-475-5928 or Damon Messina at 352-481-6111

Player Name: _____ Male/Female

Address: _____ Zip: _____

Home Phone: _____ Email: _____

School: _____ Grade: _____ DOB: _____

Mom's Name: _____ Cell: _____

Dad's Name: _____ Cell: _____

Emergency Contact: _____ Phone: _____

VOLUNTEER OPPORTUNITES

_____ I am interested in **COACHING** a team, please call me!

_____ I am interested in **ASSISTING** a team, please call me!

_____ I am interested in **VOLUNTEERING** on a team, please call me!

_____ I am interested in **SPONSORING** a team, please call me!

Baseball \$65.00**

_____ T-ball (4-6* yrs old) (\$50 fee)

_____ Rookies (7-8 yrs old)

_____ Minors (9-10 yrs old)

_____ Majors (11-12 yrs old)

_____ Senior (13-15 yrs old)

Girls Softball \$65.00**

_____ 4-6 yrs old (\$50 fee)

_____ 6-8 yrs old

_____ 9-10 yrs old

_____ 11-12 yrs old

_____ 13-15 yrs old

*League Age is the age the player will be on April 30th, 2010 for boys and January 1, 2010 for girls.
 **\$20 discount for 3rd child and the 4th, etc, is free

Uniform Sizes:

_____ Pant size (Youth S, M, L, XL or Adult S, M, L, XL)

_____ Shirt size (Youth S, M, L, XL or Adult S, M, L, XL)

Please make check payable to City of Hawthorne Youth Sports

TURN COMPLETED REGISTRATION FORM ALONG WITH REGISTRATION FEE TO CITY HALL

Fees must be paid upon registration. No refund will be given after uniforms are ordered. There will be a \$10 fee for all returned checks. Copy of birth certificate is needed for all players. For more information contact Amber Pedro at 352-475-5928 or Damon Messina at 352-481-6111.

Please enroll each child on a separate registration form. The City of Hawthorne reserves the right to add, change, limit or cancel programs or teams according to enrollment. Registration is on a first come, first serve basis. If a program is cancelled, a full refund will be given. However, if a child discontinues participation in a program, no refund, full or partial, will be given.

In consideration for my child's participation in City of Hawthorne Youth Sports, I consent to my child participating in the event or activity and acknowledge that I fully understand that my child's participation may involve risk of serious injury or death and/or property damage, which may result not only from my child's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play or the type of event or activity. My child and I knowingly and freely assume full responsibility for any and all risk of loss or personal injury, including death, which may be sustained by my child, or any loss or damage to property owned by me or my child, as a result of my child's participation in City of Hawthorne Youth Sports.

I voluntarily waive, release, discharge and relinquish any and all claims against the City of Hawthorne, the City Commission, and their staff, employees, agents and volunteers (collectively referred to as "the City") for damages for personal injury, disability, death, or property damage sustained by my child as a result of my child's participation in the City of Hawthorne Youth Sports. I agree to indemnify, hold harmless and defend the City against any loss, liability, damage or cost, including court costs and attorneys' fees, which may accrue related to my child's participation in City of Hawthorne Youth Sports.

I warrant that my child is in good health and has no physical condition which would prevent him or her from participating in the event or activity. I give permission for the staff and volunteers to administer appropriate medical attention to my child in the event of an accident, illness or injury and/or take and admit my child to the hospital. I agree to pay all medical and hospital bills relating to such medical treatment or hospitalization, as well as any expenses incurred due to permanent or partial disability, death, or damages to my child's property or my property, caused by or arising from my child's participation in the event or activity.

(Signature of Parent/Guardian)

(Date)

FOR OFFICE USE ONLY:

DATE REC'D: _____ DATE PAID: _____ CASH/CHECK/: _____ AMOUNT PAID: _____