## ERC COACH PITCH SOFTBALL

The Coach Pitch league is an in-town league for students entering  $2^{nd}$  – entering  $5^{th}$  grade. All practices are held in Ellis. The league may have to be altered depending upon registration.

Registration Deadline: April 8, 2020

**Fee:** \$20.00 (Includes t-shirt) **Grades:** entering 2nd - 5th

Games Held On: Weekday Evenings (Starting the last week of May)

**Location:** Creekside Diamonds

Cash

Check

Credit

All youth must play in the appropriate age/grade division. Requests to be moved to another division will only be granted by the Superintendent's approval. Players will not be placed into our database until fees are paid.

\*Don't Forget: You can register online!\*



Print Child's Name:	Phone:	_
Address:	City:	_
Age: Date of Birth:	Grade: T-Shirt Size: (Circle One) – Youth: XS S M	L
	Adult: S M L	XL
Print Father's Name	Wk#	
Print Mother's Name	Wk#	
Emergency contact: please list someo	one other than parent/legal guardian who can be contacted in case of e	mergency.
Name	Home phone Wk #	
Relationship to participant	List any medical conditions if any:	
CONSENT FOR EMERGENCY MEDICAL AND DENTAL CAR medical and dental treatment deemed necessary by duly tion (to include X-rays), anesthesia, the use of drugs and	RE: I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of a ly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, adm d medication, and necessary surgery recommended by such medical personnel for the purpose of saving lif	uthorization of em ission to a hospital, e or to reduce furtl
consent for emergency medical and dental treatment deemed necessary by duly tion (to include X-rays), anesthesia, the use of drugs and and harm. I acknowledge that payment of such medical As a participant in this program, I recognize and acknow which I may sustain as a result of participation in any and charge and agree to indemnify and hold harmless and deages, and losses sustained by me and arising out of, conr discretion any photograph(s) taken of the participant wh tors, or assigns may have or claim to have resulting from	<b>RE</b> : I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of a ly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, adm	uthorization of emission to a hospital, e or to reduce furth AIVER RELEASE STADING loss of life, dar claims, full release ries, including loss of authorize the ERC ir heirs, executors, ant has read and ur
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Amt. \$

**Bantam Softball 2020** 

Name: