2020 Philo Ball Park Association Registration Form (GIRLS)

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Grade\_\_\_\_\_\_

 (now)

Birth date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail addresses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: Child Sizes S (6/8) M (10/12) L (14/16)

 Adult Sizes S M L XL

Please check the appropriate level for your child’s age group. Your child will only be moved up to another level to fill open spots on an existing team. This is the SOLE discretion of the Philo Park Association.

\_\_\_ T-Ball (Boys & Girls) - ages 5-6 yrs old; must be 5 by Sept. 1st $40

**\_\_\_\_** Girls Ponytail C – 7-8 years old; not 9 before January 1st $50

**\_\_\_** Girls Ponytail B – 9-10 years old; not 11 before January 1st $55

**\_\_\_** Girls Ponytail A – 11-12 years old; not 13 before January 1st $55

\_\_\_\_ Junior Girls – 13-16 years old; not 17 before January 1st $60

Fees: As stated above or 3rd Child $30, 4+ Children are $25 each after the first two. A late registration fee of $10.00 per family will be assessed to anyone who signs up after March 10th. After this date, you are not guaranteed to be placed on a team.

I give permission for my child to participate in the Philo Ball Park Assoc. spring/summer ball programs. I do not hold the Village of Philo, members of the Ball Park Assoc. or the coaching staff’s monetarily responsible for accidents. I understand that there is no team insurance available and insurance coverage for my child is my responsibility.

The name of my insurance carrier is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to the Philo Ball Park Assoc. and its coaches to request medical services if need be:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_