



208 S. Main St. P.O. Box 277

Worthing, SD 57077

Tel. 605.372.4113

Summer Recreation Program

Registration Form

Due: MARCH 24, 2017

Childs Name: _____

Parents Name: _____

Address : _____

Phone Number: _____

Email Address: _____

T-Shirt Size: _____

Age (as of January 1st-determines team): _____

Mark the team your child would like to play on:

T-Ball

3-4 Coed

Fee: \$20

Baseball

PeeWee (coach pitch 5-6)

Fee: \$25

PeeWee (coach pitch 7-8)

Fee: \$25

Little League (Kid pitch 9-10)

Fee: \$35

Little League (Kid pitch 11-12)

Fee: \$45

Softball

5-6 Year olds

Fee: \$25

7-8 year olds

Fee: \$25

9-10 year olds

Fee: \$35

11-12 year olds

Fee: \$45

Read the following:

*Each child is required to have his/her own glove and helmet

*Fees due with registration form and are non-refundable

*Consent forms must be filled out and turned in at time of registration



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Parental Consent and Release

I hereby state that I am the parent/legal guardian of _____. I hereby give permission for my child to participate in the Worthing Summer Ball Program. Furthermore, as part of the program, I am aware that on occasion my child will travel to other towns in the area. I hereby give permission for my child to travel to various locations.

I am aware of the fact that my child could require emergency medical treatment. In the event this happens, and I am not immediately available, I hereby give permission for the coach in charge to consent to any necessary emergency medical treatment that is required for my child.

It is my understanding that the Worthing Ball program has insurance coverage while my child is participating in this program and that **it is secondary to any insurance I may have on my child.** I hereby relieve the Worthing Ball Program, people who are actively involved in the program and the coaches from any liability for medical expenses. I agree to indemnify and hold harmless the Worthing Ball Program, people who are actively involved in the program and coaches against any and all liabilities, claims and obligations arising out of or as a result of any injuries by my child.

Known Allergies: _____

Physician's Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

Address: _____

Phone: _____

I have read the above and understand the information

Parent/Guardian Signature: _____

Address: _____

Phone: _____

Date: _____



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Parental Consent and Release

I hereby state that I am the parent/legal guardian of _____. I hereby give my permission for my child to be photographed by the coaches or another representative of the city. This photo is necessary for verification of my age and status. The picture will be attached to a copy of my child's birth certificate as required by coaches, which I am required to provide. This does not give consent for any other promotional photographs taken during practice or games to be published in any newspapers.

I agree to provide a picture of my child, to the coach, if I do not wish to have a picture taken by the City.

I have read the above and understand the information

Parent/Guardian Signature: _____

Address: _____

Phone: _____

Date: _____