

HANOVER AREA RECREATION BASEBALL/SOFTBALL REGISTRATION FORM

Name: _____ Phone: _____

Address: _____

MUNICIPALITY: (Circle One Below)

Hanover / Penn Township / West Manheim / Conewago Twp. / Other: _____

Date of Birth: _____ Age: _____

Month Day Year BOYS (as of May 1, 2015)
GIRLS (as of January 1, 2015)

T-Shirt Size: (circle one) Youth Medium Youth Large Adult Small
Adult Medium Adult Large Adult Extra Large

Team Played for Last Year: _____

Number of Years with the Hanover Borough Program: _____

Registration Fee: Hanover Borough & Penn Township Residents: \$10.00
All Other Residents: \$12.50

If needed, \$10.00 pants fee if needed:

Pants Size: Youth Medium Youth Large Youth Extra Large
Adult Small Adult Medium Adult Large Adult Extra Large

PLEASE CHECK THE LEAGUE YOU ARE PLAYING:

() Boys Morning Instructional League 6 - 9 Years of Age
(June 15th to July 31st 2015)
Monday and Wednesday
8:30AM- 10:30AM

() Girls Morning Instructional League 6 - 9 Years of Age
(June 15th to July 31st 2015)
Tuesday and Thursday
8:30AM- 10:30AM

*** All Practice and Games will be held @ Good Field ***

I, the parent or guardian of _____
hereby absolve, indemnify, and hold harmless the Supervisors, Recreation Directors, and the Recreation
Board, any or all of these. I assume all the risks and hazards incidental to the recreational activities and
transportation to and from these activities. Hanover Recreation Board does NOT carry insurance to cover
injuries.

PARENT'S SIGNATURE: _____

DATE: _____

Emergency Medical Info Cards need to be completed on the back of this form!

FLIP OVER

HANOVER RECREATION BOARD
44 Frederick Street
Hanover, PA 17331

EMERGENCY PROCEDURE CARD

NAME: _____
ADDRESS: _____
PHONE: _____

In case of illness or injury, please indicate who should be contacted:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
FIRST:	_____	_____	_____
SECOND:	_____	_____	_____
THIRD:	_____	_____	_____

EMERGENCY: In the event my child requires medical care from a physician or emergency care staff, I grant permission for league agents to seek help, and I will assume responsibility for costs (ambulance, emergency room, physician) incurred by the emergency.

Signature: _____ Date: _____
Parent or Guardian

In the case of any Special Needs or Health Concerns - Please list information on bottom of the form!