

Town of Pittsfield Recreation Department

Spring Sports 2020 Registration Form

Registration Deadline: Monday March 30th

DROP OFF completed form and payment (cash or check) at the Pittsfield Town Office

Monday -Friday 8:00a.m.- 5:00p.m. (excluding Wednesdays and Holidays)

MAIL completed forms with payment to:

Pittsfield Town Office, 112 Somerset Avenue, Pittsfield, ME 04967

Fees Per Child: Pittsfield Resident \$20.00 and Non-Resident \$25.00

Checks payable to Town of Pittsfield. Please note the Town does not provide refunds.

_____ Pre-K-Kindergarten T-Ball

_____ 1st-2nd Grade (and beginner players in 3rd) Travel Coach Pitch

_____ 3rd-6th Grade Girls Travel Softball

_____ 3rd-6th Grade Boys Travel Baseball

COMPLETE THE FOLLOWING INFORMATION:

Child's Name: _____ Age _____ Grade _____

Parent/Guardian: _____

Address: _____

Cell Phone: _____ Message Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

T-Shirt Size: (example youth small, adult small, etc) _____

STOP: ONLY fill out if you are interested in Coaching or Umpiring our programs-thanks!

ADULT Name: _____ Phone: _____

Email: _____

Coach for Team: _____ Umpire for HOME softball and baseball games: _____

Please continue on back

Participant Insurance Information:

(Insurance information is required for participation in our programs)

Insurance Company: _____

Policy Number: _____

Parents/Guardians please read and sign:

I hereby give _____ permission to participate in the programs noted above provided by the Town of Pittsfield. Because of the possible dangers of participating in this sport, I recognize the importance of following rules and instructions of coaches and instructors. I understand that failure of my child to obey and follow all instructions, rules and directions of the coaches and staff may result in his/her suspension from the program. In consideration of the Town of Pittsfield permitting my child to participate in this sport, I hereby assume all risk associated with such participation. I agree to report all injuries to the Town of Pittsfield within 24 hours of their occurrence.

Signature _____

Date _____

Pittsfield Town Office Staff Only:

Payment: Cash _____ Check # _____

Insurance Info: Yes _____ No _____

Waiver Signed: Yes _____ No _____

Volunteer Form (if applicable): _____