

**Town of Pittsfield Recreation Department  
Spring Sports 2019 Registration Form**

**Deadline for all Spring Sport sign-ups: Tuesday, March 26**

Please bring completed form and payment (cash or check) to the Pittsfield Town Office  
Monday -Friday 8:00a.m.- 5:00p.m. (excluding Holidays)

Completed Forms may be mailed with payment to:  
Pittsfield Town Office, 112 Somerset Avenue, Pittsfield, ME 04967

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

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

Check one:

- \_\_\_\_\_ T-BALL      Ages 5 & 6  
\_\_\_\_\_ FARM LEAGUE      Ages 7 & 8  
\_\_\_\_\_ SOFTBALL (travel)      Grades 3<sup>rd</sup>-6<sup>th</sup>  
\_\_\_\_\_ BASEBALL (travel)      Grades 3<sup>rd</sup>-6<sup>th</sup>

LIST TEAM PLAYED ON IN 2018  
IF RETURNING TO THE SAME LEAGUE\*

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

**\*\*Coaches and Umpires Needed!! If YOU are interested in assisting our programs indicate below:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Coach: \_\_\_\_\_ Umpire: \_\_\_\_\_

*Please fill out the required Town of Pittsfield Volunteer Form for coaching-thanks!*

**PLEASE COMPLETE THE FOLLOWING MANADATORY INFORMATION (on front and back):**

CHILD'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**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 \_\_\_\_\_

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**Pittsfield Town Office Staff Only:**

Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_

Insurance Info: Yes \_\_\_\_\_ No \_\_\_\_\_

Waiver Signed: Yes \_\_\_\_\_ No \_\_\_\_\_

Volunteer Form (if applicable): \_\_\_\_\_