

# Chappell Summer Ball Registration Form

## Player Information

Name \_\_\_\_\_ Birthday/Age as of May 1<sup>st</sup> \_\_\_\_\_

Address \_\_\_\_\_ Male or Female \_\_\_\_\_

Home Phone \_\_\_\_\_ Special Medical Needs \_\_\_\_\_

## Circle One:

T-ball/Coach Pitch (K-through 8 years)

Little Girls Softball (9-12 years)

Big Girls Softball (13-16 years)

PeeWee Baseball (9-10 years)

Little League Baseball (11-12 years)

Babe Ruth Baseball (13-15 years)

# No Fees!



## PARENT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**(Will email information and also post on Chappell Baseball/Softball Facebook page.)**

I/We the parent(s)/guardian(s) of the above named minor hereby give my/our approval to participate in Chappell Summer Ball Program. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chappell Summer Ball Program, the organizers, sponsors, supervisors, participants and person(s) transporting my/our child to and from activities for any claim arising out of an injury to my/our child, whether they result of negligence or for any other cause. I/We agree to return upon request the uniform and other equipment (if applicable) issued to my/our child in the same condition it was received, except for the normal wear and tear. I/We do hereby authorize any person(s) in a responsible position, to authorize emergency medical treatment for my/our child name herein. I/We agree to hold harmless such person(s) and such emergency care centers for such act and to assume financial responsibility or said treatment.

I DO HEREBY CERTIFY THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Summer Rec Director: Justin Polk 308-874-6026

**\*\*Important info, schedule changes, etc will be posted to the Chappell  
Baseball/Softball Facebook page\*\***