

# 2025 CHURCH POINT RECREATION

**REGISTRATION FEE: \$75.00**

**(CHECKS ONLY MADE PAYABLE TO THE TOWN OF CHURCH POINT)**

**LAST DATE TO REGISTER: FRIDAY (FEBRUARY 21, 2025)**

**MANDATORY FORMS: COMPLETED REGISTRATION FORM AND COPY OF BIRTH CERTIFICATE**

## BASEBALL/SOFTBALL REGISTRATION FORM

**WEE BALL AGE (3-4)**

**TEE BALL AGE(5-6)**

**COACH PITCH AGE (7-8)**

**KID PITCH AGE (9-10)**

**PLEASE MARK BELOW IF YOU CAN OFFER YOUR ASSISTANCE**

**COACH: \_\_\_\_\_ ASST. COACH: \_\_\_\_\_ TEAM MOM \_\_\_\_\_**

### PLAYERS INFORMATION

PLAYERS INFORMATION			
LAST NAME			
FIRST NAME			
ADDRESS			
CITY, STATE, ZIP			
BIRTHDATE	AGE	M _____ F _____	

<b>PARENT(S) OR GUARDIAN</b>		<b>PHONE NUMBER</b>	
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MOTHER'S NAME			
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FATHER'S NAME			
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GUARDIAN'S NAME			
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EMERGENCY CONTACT:			
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In case of emergency and in the event, that we are unable to contact the person's name above, please sign below granting permission to provide or secure medical help for the player named above

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATHLETIC PROGRAM PARTICIPANTS RELEASE**

I/We the undersigned, do hereby waiver, release, and forever discharge any and all claims against the town of Church Point, the Church Point baseball/softball league program, its Park Director, coaches, volunteers or agents for damage and/or injuries to the undersigned which may arise from the participation in the Church Point baseball/softball league athletic programs.

Player's Name: \_\_\_\_\_

SIGNATURE:

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

OFFICE USE ONLY: AMOUNT PD: \_\_\_\_\_ CHECK # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_