

# PALATINE COMMUNITY BASEBALL & SOFTBALL – **SOFTBALL** 2019 REGISTRATION FORM

pcbs.fun

Past Participant (PBA or PYB/S)

New Participant

PLEASE PRINT ALL INFORMATION

Participant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  Yes, add me to the PPD notifications list

Additional Parent Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participates in other spring sport/activity?  Yes Which? \_\_\_\_\_

Additional family member(s) playing in PCBS? Name: \_\_\_\_\_ League: \_\_\_\_\_

Note: each player needs a separate registration form

Please contact me regarding sponsoring a Team  Yes  No

**Parent Participation Choices**  Manager  Coach  Baseball Softball Day

**ADA Need Accomodations** Inclusion services through NWSRA needed for participant?  Yes  No

PNO			
<b>FOR OFFICE USE ONLY</b>			
CA	CK	CG	R NR FHS PHS SCH
Proof of Residency			
R	NR	HS	Code: _____
Processed by: _____		Date: _____	
Checked by: _____		Date: _____	
Batch # _____			

## REGISTRATION INFORMATION 10% DISCOUNT BEFORE JANUARY 7, 2019 \$25 LATE FEE AFTER DEADLINE

Check off the appropriate league and circle the appropriate fee per division

GIRLS SOFTBALL Current Grade Level for 2018-2019 School Year			RESIDENT	NR W/IN FHS OR PHS	NON-RESIDENT	REGISTRATION DEADLINE
<input type="checkbox"/> 201010-09	NCAA Div. III	1st-2nd Grade	\$175	\$201	\$219	<b>March 9</b>
<input type="checkbox"/> 201010-10	NCAA Div. II 3	3rd Grade	\$195	\$224	\$244	<b>March 2</b>
<input type="checkbox"/> 201010-11	NCAA Div. II 4	4th Grade	\$195	\$224	\$244	<b>March 2</b>
<input type="checkbox"/> 201010-12	NCAA Div. I	5th-6th Grade	\$195	\$224	\$244	<b>March 2</b>
<input type="checkbox"/> 201020-01	Jr. High	7th-8th Grade	\$195	\$224	\$244	<b>March 2</b>
<input type="checkbox"/> 201020-02	Women's Division	High School+	\$120	\$138	\$150	<b>May 4</b>

Additional Child Fee: deduct \$25 per additional child

I played Softball at \_\_\_\_\_ high school, Level:  Freshman,  Jr. Varsity,  Varsity

## THIS SECTION MUST BE COMPLETED FOR ALL PARTICIPANTS

### RELEASE AND HOLD HARMLESS WAIVER

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on the reverse side of this form or on a separate piece of paper to be attached to this form.

Release and Hold Harmless Statement on registration form must be signed. PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

My guardian's signature indicates that I HAVE READ AND FULLY UNDERSTAND THE REFUND POLICY AND WAIVER and understand it is required to take part in Park District programs.

Signature: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of: \_\_\_\_\_

## REGISTRATION OPTIONS

- **ONLINE** (Credit Card or Gift Card): To register online, visit palatineparks.org. Online registration is not available for some classes.
- **WALK-IN** (Cash, Check, Credit Card, Gift Card): Registration forms are processed in real time at Community Center, Birchwood Recreation Center, and Falcon Park Recreation Center.
- **MAIL** (Check only): Mail forms and payment to Palatine Park District, Registration, 250 E. Wood Street, Palatine, IL 60067. Make checks payable to Palatine Park District.
- **DROP-OFF** (Check only): Place registration forms and payment in an envelope and drop off at Community Center, Birchwood Recreation Center, or Falcon Park Recreation Center. Outdoor drop boxes are accessible 24 hours a day.