## TiToun

## TRI-TOWN YOUTH BASEBALL REGISTRATION FORM

Rochester Recreation Department

Rochester, Vermont

Child's Last Name:		Child's First Name: Date of B		Age (as of this May 1st)				
						M	F	
		Parent 2						
Name (Last, First)	Name (Last, Fi	Name (Last, First)						
Address			Address	Address				
City	State	Zip	City		State	Zip		
Home #:	Work #:	Cell #:	Home #:		Work #:	Cell #:		
E-Mail (important-coach	E-Mail:	E-Mail:						
<b>Emergency Contact</b>	t Name/Phone #	(other than parent):						
Medical Conditions (please include allergies & medications that your child takes or mental health conditions we/coaches should know about):								
Family Physician name/phone #   Hospital					IM-1:-11	Comico		
ranniy Fnysician na	me/phone #	Hospital	·		Medical Insurance	e Carrier		
Release/Waiver Agreement  I am fully aware of the risk inherent and herby give consent for the above named applicant(s) to participate in the program(s) offered by Tri-Town Youth Baseball (TTYB) and the Town of Rochester Recreation Department (RRD), and hereby release the TTYB and RRD, any of its elected or appointed officials, instructors, coaches, or assistantts from any and all liability from injuries, claims, costs, loss of services, expenses and/or damages which may be sustained by me or us or our minor children on account of his or her participation in said program or assorted activities and events.  TTYB and RRD will provide reasonable accommodations to ensure that all of its programs are accessible to qualified individuals with disabilities who wish to participate. I understand it is my responsibility to notify the Department of any disability that requires such accommodation, and if I do not, that I will hold TTYB or RRD harmless from injury or damages that may result from my failure to do so.  Authorization (please print clearly)			that lities of the if I	Select the Team your child will play with:  Tee Ball (ages 4-6) Fee: \$30  Farm Team (ages 7-8) Fee: \$30  Cal Ripken Minors & Majors (ages 9-12) Fee: \$45  Girls Softball in Bethel (ages 9-12) Fee: \$45  Please make checks payable to: Rochester Recreation Dept. 2nd child in household gets half off fee, 3rd child is free. Player and one parent are obligated to participate in at least one fundraiser or Field Prep Day  Volunteer Needs:				
Name: Parent  Date:	□ Guardia				AssistantUmpireTri-townTeam Par This program cannot Team Parents can he Coaching, snack shad helping to drive team and games, etc. No e	Board of Direct run without yo lp in many way ck, fundraising, mates to practi	our help. rs: ces	
Office U	Use Only: C	Check#Ca	ısh /	Amount	Initi	als		