

**\$33.00**

CARTER LAKE PARK & RECREATION  
**COACH PITCH** REGISTRATION FORM  
PLEASE PRINT

PLAYER'S NAME: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP CODE: \_\_\_\_\_

SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female BIRTHDATE: \_\_\_\_\_ AGE ON APRIL 30, 2021: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY \*\*\* BCOF \_\_\_\_\_ \*\*\* BROUGHT IN \_\_\_\_\_ \*\*\* NEED \_\_\_\_\_\*\*\*\*\*

**Coach Pitch is for 7-8 year olds. TEAMS WILL BE COED**

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**UNIFORM INFORMATION**

Please indicate the size your child needs this season:

**T-SHIRT:** YOUTH: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM  
ADULT: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE

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**BALL PANTS:** YOUTH: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE  
ADULT: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE

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**SOCKS:** YOUTH \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ ADULT \_\_\_\_\_ **BATTING HELMENT:** \$20.00 \_\_\_\_\_

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This is to certify that I, parent or guardian of (insert child's name) \_\_\_\_\_, a player on a Carter Lake league team, hereby grant permission to the adult coach, assistant coach, or manager of the team to obtain medical care, at my expense, for the player named above from any licensed physician, hospital, or medical clinic at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, games, and travel to and from those activities. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Carter Lake, Carter Lake Park & Recreation, the organizers, supervisors, participants, officials, game fields, employees, and any persons transporting the player to and from those activities, for any and all claims arising out of an injury to the above named player.

PARENT/GUARDIAN PRINT NAME: \_\_\_\_\_

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

Your relationship to player: \_\_\_\_\_ Best number you can be reach at: (\_\_\_\_\_) \_\_\_\_\_

Are there any medical problems for this child that we should know about? \_\_\_\_\_

PARENTS/GUARDIANS: CAN YOU BE: \_\_\_\_\_ A COACH? (Shirt size \_\_\_\_\_) \_\_\_\_\_ AN ASST. COACH? (Shirt size \_\_\_\_\_)

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OFFICE USE: PAID: (Circle one) CASH OR CHECK # \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_