

2018 YOUTH SPORTS REGISTRATION FORM

Springfield Township Parks & Recreation

12000 Davisburg Road, Davisburg, MI 48350
(Lower level of Springfield Township Civic Center)

Office Hours: Monday–Friday, 9am–12pm and 1–5pm.

To Register: Registration will be accepted by mail, in person or in the after hours drop box. Please include a copy of the participants' birth certificate. Make checks payable to: Springfield Township Parks & Recreation. Refunds: No refunds will be given after November 30, 2017 for Basketball; April 13, 2018 for T-Ball & Coach Pitch; May 4, 2018 for Baseball & Softball. Refunds on the registrant's part will be subject to a \$5.00 administration fee per person per league.



**Step
This Way.
Live.
Learn.
Play.**

PARENT OR GUARDIAN _____ BIRTHDATE _____

PARENT OR GUARDIAN _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

TOWNSHIP _____ SCHOOL _____ EMAIL _____

Primary Phone _____ Secondary Phone _____

EMERGENCY CONTACT NAME (OTHER THAN PARENT) _____ RELATIONSHIP _____ PHONE NUMBER _____

CHILD/PARTICIPANT FULL NAME _____ NAME TO APPEAR ON Baseball UNIFORM _____

GENDER (M / F) AGE _____ GRADE _____ BIRTHDATE _____ HANDED (L / R) YEARS EXPERIENCE _____

If you have another child in the **same league** that you would like on the **same team**, please indicate siblings name: _____

SPECIAL REQUEST (We cannot guarantee specific coach or team requests): _____

Please check the league you are registering for:

T-Ball/Baseball/Softball

- Co-Ed T-Ball Clinic—Age 4
(*must be 4 by April 30th)
- Co-Ed T-Ball—Ages 5 & 6
(*must be 5 by April 30th)
- Co-Ed Coach Pitch—Ages 7 & 8
(*must be 7 by April 30th)
- Boys Baseball—Ages 9 & 10
(*must be 9 by April 30th)
- Boys Baseball—Ages 11 & 12
(*must be 11 by April 30th)

- Boys Baseball—Ages 13 & 14
(*must be 13 by April 30th)
- Girls Softball—Ages 9 & 10
(*must be 9 by & not turn 11 before 1/1)
- Girls Softball—Ages 11 & 12
(*must be 11 by & not turn 13 before 1/1)
- Girls Softball—Ages 13 & 14
(*must be 13 by & not turn 15 before 1/1)
- Girls Softball—Ages 16U
(*must be 15 by & not turn 17 before 1/1)

Basketball

- Holly Hoops Clinic
(*Kind – Second Grade)
- Broncho Basketball League
(* 3rd & 4th Grade)
- Broncho Basketball League
(*5th & 6th Grade)

Volleyball

- Volleyball Clinic

Football

- Football Clinic

T-Shirt Size All participants will receive a t-shirt (choose one):

- Youth X-S (2-4) Youth S (6-8) Youth M (10-12) Youth L (14-16) Adult S Adult M Adult L Adult XL

Pant Size Only participants in baseball & softball league ages 9 & 10, 11 & 12, 13 & 14 and 15 & up will receive pants (choose one):

- Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

YOUTH SPORTS MEDICAL/INFORMATION/RELEASE FORM

KNOWN MEDICAL PROBLEMS/SPECIAL CONCERNS _____

ALLERGIES _____ MEDICATIONS _____

(*Representatives of Springfield Township Parks & Recreation are NOT permitted to administer any medications.)

PHYSICIANS NAME _____ CITY _____ PHONE _____

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT (IF ALLOWABLE) _____

HEALTH INSURANCE PROVIDER _____

I, _____ (please print parent/guardian full name), hereby give permission to Springfield Township to secure emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical facility for _____ (Please print child's/participant's full name), a minor child, while under the supervision of the aforementioned entity.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

WAIVER: I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Springfield Township could be injurious to the participant and accept his/her risk with full knowledge that some programs require the assistance of un-screened volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in any field trip and/or activity connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents/guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself/herself, or as a parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks and Recreation Department of Springfield Township, with respect to any actions taken in pursuance of such activities, either before or after the activity. Moreover, it is agreed that the Township of Springfield and its several departments, officers and employees shall not be liable for nor responsible for any property damage, and/or personal injury, and/or other loss or damage suffered by the participant, and the participant, on his/her own behalf, or as parent/ guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks and Recreation Department of any changes in health which may affect the participants' participation. In the event of any injury, permission is hereby given to the Parks & Recreation Department of Springfield Township, and to the Director, or his/her agent, or employee, to see that first aid and medical attention are given to the participant, at the discretion of the Director, or his/her agent or employee, in connection with the activity in question. Video recording may be done and/or pictures may be taken at certain Parks and Recreation parks, facilities, classes, programs and/or special events, and, unless the department receives signed, written objections, videos and photos may be reproduced for publication.

PARTICIPANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE (IF UNDER 18) _____ DATE _____

***Each Team Will Have One Head Coach, One Assistant Coach and One Sponsor; in which they can have their children all on the same team!**

Coaches Would you or your husband/wife be interested in volunteering to be a Head/Assistant coach? HEAD ASSISTANT

If Yes, I understand that I must complete the coaches' forms, undergo a background check and by doing so that it is not a guarantee that I will be a coach. I also understand that if I am selected to be a coach that I must attend all coaches meetings and clinics. If Yes, Please List Name, Phone Number & T-Shirt Size Below.

NAME _____ PHONE _____ SHIRT SIZE _____

Is there is someone who you would like to coach with please provide their name: _____

If there is a particular sponsor you would like for your team please provide their name: _____

Sponsors We are in need of sponsors for our teams! Would you be interested in sponsoring a team? YES NO
(\$175 Broncho Basketball; \$300 Holly Hoops; \$300 Broncho Championship; \$250 T-Ball Clinic, T-Ball & Coach Pitch; \$300 All Other Leagues)

COMPANY NAME _____ CONTACT _____ PHONE _____