

# 2016 VASSALBORO RECREATION REGISTRATION FORM BASEBALL/SOFTBALL

**BASEBALL:**  T-Ball (4-6)  Farm (6-8)  Minors (7-11)  Majors/Little League (9-12)

**SOFTBALL:**  Farm (6-8)  Minors (7-11)  ASA Majors (9-12)

**Please check in which capacity you'd like to Volunteer this season.**

Concessions  Umpiring  Coaching  Team Manager  
*The snack shack will be open this year. This will require parental volunteering.*

**FEES:**  TBall \$20/player  Individual \$35  Family \$60  Check # \_\_\_\_\_  Cash  
*Please make checks payable to **Town of Vassalboro**.*

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Gender:  Male  Female

Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Jersey Size (Youth) S M L XL (Adult) XS S M L XL 2XL

\*Pant Size (Youth) S M L XL (Adult) XS S M L XL 2XL

*\*Parents are responsible for pants for players on T-Ball, Farm and the Minors Teams.  
Pants should be the color light gray.*

**PARENT INFORMATION: Please Print. Please note: Coaches use text, email and our FB page to communicate. Please \*\* the best method to contact you.**

Parent/Guardian #1-Primary Contact	Parent/Guardian #2-Secondary Contact
Name:	Name:
Address:	Address:
Cell:	Cell:
Other #:	Other #:
E-mail:	E-mail:

**Medical Alert:** \_\_\_\_\_

**Assumption of Risk:** In consideration of the Vassalboro Youth Baseball/Softball League permitting my child to participate, I hereby waive and release any and all rights and claims of any nature against the Vassalboro Youth Baseball/Softball League, Vassalboro Recreation Committee, Town of Vassalboro, Little League Baseball/ASA Softball and any organization connected with this activity, their representatives, successors and assignees for any and all injuries, damages, or property loss which I or my child may suffer while taking part in activities connected with this program. I will bear the expense of medical care through my insurance company or on my own. I understand that participation in baseball/softball/TBall may result in serious injuries and protective equipment does not prevent all injuries to players.

I agree to return all uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear.

Occasionally the Recreation Committee will take pictures and/or videos which may appear in the local newspapers, program brochures, Vassalboro Town Report, the Vassalboro Recreation Committee Facebook Page or the Town of Vassalboro website.

\_\_\_\_\_ YES, I do give permission for my child to be photographed/videotaped.

\_\_\_\_\_ NO, I do not give permission for my child to be photographed/videotaped.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*If you missed the sign up date, please mail payment and form to: Jennifer Fortin, 42 Fortin Road, Vassalboro, ME 04989.  
Please return form and payment by March 18, 2016.*



# Little League® Baseball and Softball MEDICAL RELEASE



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If parent(s)/legal guardian cannot be reached in case of emergency, contact:**

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date:

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.**  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.