

2007 SPRING SOFTBALL & TEE BALL, SOUTH JERSEY HOME SCHOOL SPORTS REGISTRATION

Child(ren)'s Name(s): _____
Age(s), Birth Date(s) _____
and playing Level: _____

Names of Parents: _____

Address _____
(Street, City, State & Zip Code)

Phone# _____ /cel# _____

E-mail _____

Indicate specific allergies, chronic illnesses or other medical conditions coaches should be aware of:

I hereby waive the townships, homeschool groups, South Jersey Home School Sports, and all volunteers and participants of any legal responsibility due to damages or injuries that may occur during the sports program. I am responsible for my child(ren). I or someone that I have appointed, must remain on premises while my child(ren) are participating in the sports program. If I am not staying, I must give the coaches/assistants the name of the person who has been designated to be responsible for my child(ren).

In case of emergency, I hereby authorize treatment for the above-mentioned child(ren) by a qualified and licensed medical doctor who has determined that the injury may endanger my child's 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 insurance provided to our program will only cover property damage liability to the township. If your child is hurt, your personal medical insurance must cover your child.

Other person to contact in case of emergency: _____

Phone Number: _____ Relationship to child: _____

Parent's Signature _____

We need coaches in order to offer this activity! Are you willing to help?

To coach: yes _____ no _____ which Level _____ Watch children and toddlers
To assist: yes _____ no _____ which Level _____ for others to coach: yes _____ no _____