

2010 Summer Recreation Sign-Up
ONLY ONE FORM PER CHILD
Baseball/ Softball

Participants Name: _____ Birthdate: _____

Address: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Parent/Guardian Phone Numbers: _____

Home: _____ Work: _____ Cell/Other: _____

E Mail Address: _____

- | | |
|--|----------------------|
| <input type="checkbox"/> Cal Ripken (ages 10-12 as of 5/01/2010) | Registration \$20.00 |
| <input type="checkbox"/> Girls Babe Ruth Softball (ages 12 & under as of 12/31/09) | Registration \$20.00 |
| <input type="checkbox"/> Girls Babe Ruth Softball (ages 16 & under as of 12/31/09) | Registration \$20.00 |
| <input type="checkbox"/> Babe Ruth Baseball (ages 13-15 as of 5/1/10) | Registration \$20.00 |

Please mark the shirt size and quantity needed: (Family ONLY) \$15.00 each

Adult Sm (34-36) Adult Med (38-40) Adult LG (42-44) Adult XLG (46-48)

Fee (Due at the time of sign-up)	<input type="checkbox"/>
Player Hat - \$10.00 (optional)	<input type="checkbox"/> Please mark the size, if you are purchasing a hat.
	<input type="checkbox"/> Adult <input type="checkbox"/> Youth
Additional Shirt(s)- \$15.00 (optional)	<input type="checkbox"/>
Additional Hat(s)- \$10.00 (optional)	<input type="checkbox"/>
	<input type="checkbox"/> Adult <input type="checkbox"/> Youth
TOTAL AMOUNT ENCLOSED	_____ (Please make checks payable to Stratton Recreation Club)
CK#	_____

*****Parents/Guardians are required to work one time in the concession stand per child*****

A late fee of \$10.00 is enforced on all forms received after 4/01/10!!!!
No forms will be accepted after 4/15/10!!!!

Forms may be dropped off at the town hall.

Forms WILL NOT be accepted at the school

OR

Mail to:
Stratton Recreation Club
PO Box 98
Stratton, CO 80836

Liability Waiver: (Must be signed by participant)

I, _____ the undersigned, hereby release the Stratton Recreation Club, the town of Stratton, the Stratton School District, Officers, members, coaches, and volunteers thereof, of any responsibility for injury to my child, during participation in or arriving out of traveling to and returning home from a baseball or softball practices or games. I assume and accept responsibility for risk of any injury or damage as mentioned might occur.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Medical Release:
I, _____, give permission for a physician to perform all necessary medical treatment in case of an accident during scheduled activities for my child, _____.

Parent/Guardian _____
Family Physician _____ Physician Phone Number _____