

# 2016 Fall Softball Information

7-8, 9-10 and 11-12 year olds

Age groups may be split/combined depending on registration numbers.

Assessments for 7-8 year olds will be August 25 at 6pm at the Bundy Field

Assessments for 9-10 year olds will be August 25 at 7pm at the Bundy Field

Assessments for 11-12 year olds will be August 30 at 6:30pm at the Bundy Field

Assessment dates and times will change if age groups are combined

Games will begin week of September 19

10 game season with 2 games per week; games may be played during the week and on Saturdays.

## Fees

\$50

Please register in person at the Parks and Recreation in Town Hall, by mail or online at [farmvilleparksandrec.com](http://farmvilleparksandrec.com)

Payment must be made by Cash, Check, or Money Order payable to the Town of Farmville if mailed or brought in.

# Town of Farmville Fall Softball July 25 - August 19

Farmville Parks and Recreation  
Department  
P.O. BOX 86  
Farmville, NC 27828

## Farmville Parks and Recreation

3672 North Main Street  
Farmville, NC 27828

252-753-6712

[farmvilleparksandrec.com](http://farmvilleparksandrec.com)

[mjohnston@farmville-nc.com](mailto:mjohnston@farmville-nc.com)

# Town of Farmville Parks and Recreation Department

## Fall Softball Registration 2016

The Town of Farmville Parks and Recreation provides opportunities to people of all ages to participate in quality organized recreation programs through leagues, special events, camps and programs. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Participant Name: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Child's age as of July 31 2016, copy of birth certificate required)

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age group: 7-8 9-10 11-12

T-Shirt Size: YS YM YL AS AM AL AXL (shirt sizes may run small)

Non-Parent Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any Medical Problems or Special Needs: \_\_\_\_\_

We are unable to accommodate any "play-up" or special requests.

The Town of Farmville Parks and Recreation Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, program registration or accommodation requests should be received at least two weeks prior to the start date of the program. The Town of Farmville Parks and Recreation Department recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the athletic program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or need of their participant.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

**Photography Waiver:** Pictures may be taken of my child while participating in Town activities and may be used for program publicity. If you do not concur please check this box.

**Release and Indemnity Agreement:** I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the basketball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the Town, its employees or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Volunteer Coaches Needed!** Volunteer coaches will work with teams under the direction of the Farmville Parks and Recreation. *Would you or your spouse be interested in coaching?*

Yes \_\_\_ No \_\_\_ Head Coach \_\_\_ Assistant Coach \_\_\_

**For Office Use Only:**  
 League Age \_\_\_\_\_  
 League: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_