



2026 REGISTRATION FOR ROCKFORD SUMMER RECREATIONAL BALL PROGRAMS

Please complete this form to register your child for the Rockford Recreation Association summer ball programs. Please see cutoff date beside each league.

- ☐ T-ball (age 4-6) registration fee is \$35 per child
- ☐ Coach pitch league (age 6-8) registration fee is \$35.00 per child
- ☐ Farm League Girls (age 8-10) registration fee is \$45.00 per girl
- ☐ Farm League Boys (age 8-12) registration fee is \$45.00 per boy
- ☐ Travel League Girls (age 11-12) registration fee is \$45.00 per girl
- ☐ Travel Boys (age 11-12) registration fee is \$45.00
- ☐ Pony League Girls (age 13-15) registration fee is \$50.00 per girl
- ☐ Pony League Boys (age 13-15) registration fee is \$50 per boy

For Farm, Travel and Pony leagues only:

Has your child: Been a catcher before? _____

Been a pitcher before? _____

Check Here if Interested in Coaching _____

Name: _____

AGE REQUIREMENTS:

Farm Girls: cannot be 11 by July 1, 2026

Farm Boys: cannot be 13 by April 30, 2026

Travel Girls: cannot be 13 by January 1, 2026

Travel Boys: cannot be 13 by August 1, 2026

Pony Girls: cannot be 16 by December 31, 2026

Pony Boys: cannot be 16 by August 1, 2026

**** AFTER TEAMS ARE CHOSEN, THERE WILL BE NO REFUNDS FOR APPLICATIONS (WITH MEDICAL EXCEPTIONS) ****

NAME _____ D.O.B. _____ GRADE ____ AGE ON CUTOFF ____ MALE/FEMALE (circle one)

PHONE _____ EMERGENCY _____

ADDRESS _____ CITY, ST., ZIP _____

Please circle correct shirt size: YOUTH shirt size: S M L ADULT shirt size: S M L XL

The Rockford Recreation Association does not provide uniform pants for any team.

You must supply and have your child wear black baseball pants during games.



Please follow us on Facebook and at www.rockfordrec.com

By signing below, I the parent/guardian of the above named applicant, give my permission for his/her participation in any and all program activities. I assume all risk and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local organizers, sponsors, participants, coaches, and persons transporting my child to or from activities, for claims arising out of injury to my child whether the result of negligence or for any other cause.

By signing up my child to play ball in the Rockford Recreation summer ball program, I agree to donate the requested pop/water/Gatorade assigned to the team on which my child plays to be sold in the concession stand.

Signature of Parent/Guardian

Date

Completed registration forms, medical forms, and fees can be turned in by:

Drop off at Rockford Village Office (Please use the after hours drop box)

Write "Rockford Rec" on the envelope when delivering to the Village Office

Drop off at Rockford Carnegie Library

Mail to: Rockford Recreation - PO Box 16 - Rockford, OH 45882

REGISTRATION DEADLINE IS MARCH 14th!!

All registrations received after March 14th, will be charged a \$20.00 late fee.

After March 21st, late registrations will no longer be accepted.

EMERGENCY MEDICAL CONSENT FORM

Child's Name		Male / Female
Date of Birth		
Chronic Illnesses or Conditions		
Allergies		
Current Medications		
Date of last Tetanus Shot		
Medical Information		

Parent Information

	Name	Telephone	Employer	Work Phone
Mother				
<i>Step-Father</i>				
Father				
<i>Step-Mother</i>				
Other Emergency Contact				

Medical Providers

	Name	Telephone
Physician		
Dentist		
Medical Specialist		
Hospital		

Medical Insurance Information *(optional)*

<i>Medical Insurance Provider</i>	<i>Member #</i>	<i>Group #</i>	<i>Telephone</i>
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In the event your child needs emergency medical care and you are not available to provide formal consent to medical authorities, care may become unnecessarily delayed. In the event of a medical emergency, this form should be provided to responding medical personnel and accompany your child to the hospital/clinic so that medical treatment can be rendered.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian: _____ **Signature date:** _____