



# 2023 REGISTRATION FOR ROCKFORD SUMMER RECREATIONAL BALL PROGRAMS

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

- T-ball (age 4-5) registration fee is \$35.00 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 [6<sup>th</sup> grade]) 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 \$50.00 per boy

Check Here if Interested in Coaching \_\_\_\_\_  
 Name: \_\_\_\_\_

- Cannot be 11 by July 1, 2023
- Cannot be 13 by April 30, 2023
- Cannot be 13 by Jan. 1, 2023
- Cannot be 14 by August 1, 2023
- Cannot be 16 by Dec. 31, 2023
- Cannot be 16 by Aug. 1, 2023

*\*All late registrations received after March 18th will be charged a \$20.00 late fee and not receive a jersey\**

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](http://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 here by 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 to be sold in the concession stand assigned to the team on which my child plays.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

**Drop off at Kidz Treehouse** (during business hours) Check Facebook page for hours

- or -

**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*

-or-

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

## REGISTRATION DEADLINE IS MARCH 18<sup>th</sup>!!

All registrations received after March 18th, will be charged a \$20.00 late fee.

*After March 25<sup>th</sup>, late registrations will no longer be accepted.*

## EMERGENCY MEDICAL CONSENT FORM

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

### Parent Information

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

### Medical Providers

	Name	Telephone
<b>Physician</b>		
<b>Dentist</b>		
<b>Medical Specialist</b>		
<b>Hospital</b>		
<b>Other</b>		

### Medical Insurance Information (optional)

<i>Medical Insurance Provider</i>	<i>Member #</i>	<i>Group #</i>	<i>Telephone</i>

*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