York Township Recreation Department Girl's Softball Registration Form

Name	Date of Birth:
Address	Zip
Telephone #	Email Address:
Age Group (age a	as of <i>December 31</i> , 2022)
7 & under10 & under12 & un	nder 14 & under 16 & under 18 & under
Current Jersey Number: If you are	purchasing, requested jersey number
	and Uniform Fees:
7U Resident Registration Fee	\$50.00 =
7U Non-resident Registration Fee	\$60.00 =
York Township Resident Registration Fee	\$90.00 =
Non-resident Registration Fee	\$100.00 =
Visor	
Sleeveless Jersey (Circle one) – YS YM YL YXL AS AM	M AL AXL AXXL@ \$20.00 =
Shorts (Circle one) - YS YM YL YXL AS AM AL AX	XL @ \$15.00 =
Pants (Circle one) - YS YM YL YXL AS AM AL AX	L @ \$15.00 =
Total	\$
*Socks will be at the discretion of the team/coach. Players v	
Socks will be at the discretion of the teambedden. Tayons v	•
	Make checks payable to: York Townsh
Please return this form and any money to the York Tov 17313 , March 15, 2023. All uniforms must be ordered	wnship Recreation Office, 190 Oak Road, Dallastown, PA by March 15, 2023.
Signature of Parent or Guardian	Date
Parents: This program is run entirely by volunteers. If you o	can help, please indicate the area you prefer. ☐ Umpire ☐ Telephone Committee
Did you play on a York Township team last year?	Yes □ No □
Request regarding team assignment for carpooling purposes	
Please note - We will try to honor team requests. If we are n	not able to, we will refund the registration fees if so desired.
Please circle if the player has previously been a pitcher and/o	Ţ.

York Township Parks and Recreation 2023Girls Softball Program Waiver, Release Form and Permission Slip Please print all information (unless otherwise stated)

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REGISTERING YOUR CHILD IN THIS PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES, DAMAGES, OR LOSS SUSTAINED THROUGH PARTICIPATION BY YOURSELF AND YOUR WARD IN THIS PROGRAM.

CHILD'S NAME:
PARENT/GUARDIAN'S NAME:
As a parent/guardian of a player in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any and all activities connected, or in any way associated, with the activities of this program.
Initial of Parent/Guardian:
I further agree to indemnify, hold harmless and defend York Township, York Township Parks and Recreation department and staff, and any other officials, agents, servants, representatives, employees and board members from any and all claims for injuries, damages or loss sustained by myself or my ward arising out of, connected with, or in any way associated with the activities of the program.
Initial of Parent/Guardian:
In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.
Initial of Parent/Guardian:
We hereby grant permission for our child to participate in the York Township Girls Softball Program. We hereby discharge York Township Recreation and Parks Department staff employed thereby and volunteers, of and from all liability, claims, suites and rights of action for any injury/illness sustained by our child/children that is inherent to any activity.
Parent or Guardian Signature
I have read and fully understood the above program details.
Signature of Parent/Guardian: Date: