



Stone-Wiggins Recreation Association (SWRA) Girls Softball 2012



See our website at www.stonewigginsrec.org

Check us out on Facebook
Registration fee \$50.00 per child

Child's Name	Child's Date of Birth
Address, City, Zip	Age on December 31, 2011
Are you a pitcher? Yes No	Are you a catcher? Yes No
Shirt Size (Circle One) Youth XS S M L	Adult S M L XL
Pant Size (Circle One) Youth XS S M L	Adult S M L XL

Parent's Name	Email Address
Home Phone	Cell Phone
Work Phone	Text Number

Please initial the following

<input type="checkbox"/> I will be willing to coach.	Dad's Employer
<input type="checkbox"/> I will be willing to help with other functions for the kids.	Mom's Employer
<input type="checkbox"/> I give permission for my child's picture published on our web site	

Insurance & Medical Release Forms

For _____, in the event of an emergency, accident, or illness, and if no parent or emergency contact can be reached, I authorize my child's coach to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency personnel, ambulance personnel, and hospital doctors and nurses. I also understand that the SWRA Softball Association provides "Supplemental Insurance" that will pay only after my insurance has paid or in the event I do not have insurance.

Parent's Signature	Date
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Medical Information

Child's Physician & Phone # _____

Please list any relevant medical information/physical limitations that are pertinent or would help in the treatment of your child. (Example: allergies, asthma, seizures)

Payment Information

Amount Due _____ Amount Paid _____
Cash _____ Check _____ Check # _____ Received by: _____

Parental Contract

I agree to conduct myself as a responsible adult at all times. I will provide a positive example to everyone around me. I understand that some of our games may require travel to Saucier, Orange Grove, and/or Poplarville. I will make a reasonable effort to have my child attend all practices and games. In the event of my inability to do so, I will contact my team coordinator or team coach and give them proper notice of my intentions. I understand that this is a team sport and my child's participation is important and could affect the rest of my team's ability to play.

Signature _____

