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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please use a separate form for each participant.**  **This section must be completed. Please Print.** | | | | | | | | | | | | |
| **Participant Name** | | |  | | | | | | | | | |
| **Address** | | | | | | | **Town** | | | | **Home Phone** | |
|  | | | | | | |  | | | |  | |
| **Parent/ Guardian** | |  | | | | **Cell Phone** | | |  | | | |
| **Parent/ Guardian** | |  | | | | **Cell Phone** | | |  | | | |
| **E-Mail Address** | |  | | | | | | | | | | |
| **Sex (Circle)** | | | | **Current Grade** | **Age** | | | | | **Date of Birth** | | |
| **(Male/ Female)** | | | |  |  | | | | |  | | |
| **Emergency Contact Name** | | | | | **Emergency Contact Telephone** | | | | | | | |
|  | | | | |  | | | | | | | |
| **Waiver for Participation -** I release the Williamson Recreation Committee, the Town of Williamson, the Williamson Central School District, and all involved with the program(s) from all claims and liabilities resulting from or related to any activity sponsored by these groups in which I choose to participate. This release is given on my own behalf and on behalf of any of my children that I permit to participate in the programs. I have read and understand waiver for participation form. **THIS FORM MUST BE SIGNED.**  **PreK – 2 children must have a parent/ guardian stay with them during the program.** | | | | | | | | | | | | |
| **Date** | **Participant Name (Please Print)**  **(Parent / Guardian Name if under 18)** | | | | | | | **Signature**  **(Parent / Guardian if under 18)** | | | | |
|  |  | | | | | | |  | | | | |
| Please select the age appropriate program by placing a check on the line to the left of the program name. Age cut off for all programs is May 1st. For example, a child turning 11 before May 1 must play Majors. A child turning 11 on May 1 or later plays Minors or Majors. **If you register 3 or more family members for the same program (i.e. baseball), the maximum amount due would be $100.00**. Returned check fee is $15.00. | | | | | | | | | | | | |
| **Check Program Choice** | **Program Name** | | | | | | | | | **Registration Due** | | **Program Cost** |
| **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_** | **T-Ball -4-6 yrs old – Wednesday**  **T-Shirt –7-8 yrs old – Mon & Fri**  **Minors-9-10 yrs old Tues & Thu, Sat mornings**  **Majors-11-12 yrs old– Mon & Wed, Sat mornings**  **Pony -13-15 yrs old – Tues, Thurs, Sun**  **T-Shirt Girls-7-8 yrs old-Tues & Thursday**  **Twilight Girls-9-10 yrs old-Mon & Wed**  **Junior Girls-11-13 yrs old Mon & Wed** | | | | | | | | | **3/31/15** | | **$40.00**  **\*Price increase due to new security costs** |
|  | **Circle Shirt Size – AL, AM, AS, YL, YM, YS** | | | | | | | | |  | |  |
| **Please make checks payable to WRC Total Amount due** | | | | | | | | | | | | **$** |
| **Use the following space for any additional information.**  **\*COACHES NEEDED: Please be sure to print and include your name and telephone number if interested.** | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Release Form (must be signed regardless of choice)** | | | | | | | | |
| This medical release form must be signed by a parent / guardian in the event your child needs hospital care. If your child was injured and you were not available to give verbal consent, the ambulance/EMT would give first aid and deliver him/her to the nearest hospital. At that point the hospital **COULD NOT** care for the child until consent was given by a parent / guardian unless the injury was life threatening. You have the choice of not giving consent. You may also choose the hospital he/she is taken to. | | | | | | | | |
| **Please check only one.** | | | | | | | | |
|  | | **Consent Not Given** | | |  | **Authorization for Consent Treatment** | | |
| **I, (print)** | | | | | | | | |
| **, parent/guardian of the child listed below, do hereby consent to any diagnostic procedure or medical care which is deemed advisable by any licensed physician and or surgeon on the hospital staff of** | | | | | | | | |
|  | **the nearest available hospital.** | | | | | |  | |
|  | **this hospital of choice.** | | | | | |  | |
| **Insurance** | | | | **Subscriber** | | | | **Policy #** |
|  | | | |  | | | |  |
| **Name of Child** | | | | **Date of Birth** | | | | **Tetanus/Immunization**  **Current** |
|  | | | |  | | | | **Yes/ No (circle)** |
| **Doctor’s Name** | | | | **Location/Telephone** | | | | |
|  | | | |  | | | | |
| **Known Limitations/ Allergies** | | | |  | | | | |
| **Date** | | | | **Signature (Required)** | | | | |
|  | | | |  | | | | |
| **Code of Ethics (must be signed)** | | | | | | | | |
| 1. I will encourage good sportsmanship by demonstrating positive, respectful support for all players, parents, coaches and officials at each practice, game or other event. 2. I will place the emotional and physical well being of all ahead of any personal desire to win. 3. I will insist that the event be played in a safe and healthy environment. 4. I will demand a drug, alcohol and tobacco free environment at all events. I will refrain from their use at all events. 5. I will require that the coach be trained and qualified in the responsibilities of being a coach. 6. I will require that the coach abide by the Coaches’ Code of Ethics. 7. I will expect everyone to respect other players, teammates, coaches, officials and parents regardless of race, sex, creed and ability. 8. I will provide prompt transportation to and from all events. 9. I will remember that the game is just a game and I am responsible to make it fun. | | | | | | | | |
| **Date** | | | **Signature** | | | | | |
|  | | |  | | | | | |

**Any questions, please call Andy DeRue (315) 589-9098 or Kaitlyn Bouwens (315) 879-8728**

**WRC is looking for umpires. If interested, please call Andy DeRue 589-9098**