

**c r o w l e y**  
**r e c r e a t i o n**  
**d e p a r t m e n t**



P.O. Box 1524, Crowley, LA 70527  
 337-788-4124

## 2010 BASEBALL/SOFTBALL REGISTRATION FORM

FOR OFFICE USE ONLY:

AMOUNT PAID \_\_\_\_\_ CK#/CASH \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 INPUTTED BY \_\_\_\_\_ DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INIT. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

**REGISTRATION BEGINS ON FEBRUARY 1<sup>ST</sup> 2010 THE FINAL SIGN UP DATE ON  
 SUNDAY MARCH 7TH 2010 AT CRD FROM 8:00 TO 5:00. AFTER MARCH 7<sup>TH</sup>  
 THERE WILL BE A \$10.00 LATE FEE PER CHILD.**

LIVES WITH: FATHER/MOTHER/BOTH/OTHER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS \_\_\_\_\_

NUMBER OF YEARS PLAYED \_\_\_\_\_ LAST LEAGUE \_\_\_\_\_ LAST TEAM \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

UNIFORM SIZE

UNIFORM SIZE

SIBLINGS IN LEAGUE

YOUTH  
 S(6/8) M(10/12) L(14/16)

ADULT  
 S M L XL XXL

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 NAME \_\_\_\_\_ AGE \_\_\_\_\_

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE CROWLEY RECREATION DEPARTMENT AND PONY BASEBALL INC., LEAGUE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, PONY BASEBALL INC., SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I/WE PARENT, GUARDIAN OR PARTICIPATE OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO MY SON/DAUGHTER AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR UNIFORM LOST OR RETURNED.

**PARENTAL SUPPORT**

WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA (S) IN WHICH YOU WOULD BE WILLING TO HELP.

- COACH
- ASSIST. COACH
- TEAM MOM

SIGNED \_\_\_\_\_ PARENT OR GUARDIAN

THIS RELEASE FORM MUST BE SIGNED BY THE PARENTS AND RETURNED TO THE CROWLEY RECREATION DEPARTMENT OFFICE, ALONG WITH REGISTRATION FEE ON OR BEFORE THE DEADLINE LISTED BELOW. **REGISTRATION FEES ARE \$25.00 IF YOU LIVE IN THE CITY LIMITS AND \$35.00 OUTSIDE THE CITY LIMITS. EACH ADDITIONAL CHILD IS \$5.00 LESS THAN REGULAR PRICE. NO REFUNDS WILL BE GIVEN AFTER PRACTICE BEGINS.**

**A BIRTH CERTIFICATE MUST BE TURNED IN AT TIME OF REGISTRATION IF WE DO NOT HAVE ONE FILE**

Birth certificate attached? Yes \_\_\_\_\_ No \_\_\_\_\_ Previously turned in \_\_\_\_\_

**AGE DETERMINING DATES FOR 2010 ARE: MALES – APRIL 30, 2010 FEMALES – JANUARY 1, 2010**

**AGE GROUPS:**

T-BALL	BOYS & GIRLS	3 & 4	LILBIDDY	GIRLS SLOW PITCH	7 & 8
SHETLAND	BOYS & GIRLS	5 & 6	10U	GIRLS FAST PITCH	9 & 10
PINTO	BOYS	7 & 8	12U	GIRLS FAST PITCH	11 & 12
MUSTANG	BOYS	9 & 10	14U	GIRLS FAST PITCH	13 & 14
BRONCO	BOYS	11 & 12	16U	GIRLS FAST PITCH	15 & 16
PONY	BOYS	13 & 14			