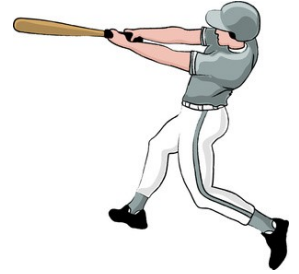




# Town of Aberdeen Parks & Recreation Department 2022 Coach Pitch Baseball Registration



**Deadline:** June 24th (Or Until Full)  
**Fee:** Residents \$12 / Non-residents \$25  
**Eligibility:** Boys and Girls Ages 6-8 (as of 8/31/22)  
 First Practice - July 5th \*\*Subject to change  
Last Year's Co-Sponsors

**Performance Additives, Whitney Anderson Realtor,  
 Norpro Carpet Cleaning, Christine Martin Real Estate**

**Participant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Female / Male**

**Age (as of 08/31/22):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Preferred Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**Parents Name(s):** \_\_\_\_\_

**How did you hear about this league?** \_\_\_\_\_

**Medical Problems:** \_\_\_\_\_

\*\*Parents, would you like to volunteer? **Coach** \_\_\_\_\_ **Asst. Coach** \_\_\_\_\_

**If Yes, Name** \_\_\_\_\_ **Number** \_\_\_\_\_ **Email** \_\_\_\_\_

\*\*Would you like to sponsor a team or know a business that would? **Yes** \_\_\_ **No** \_\_\_

**If Yes, Name** \_\_\_\_\_ **Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Do you have any team, player or coaching requests?** \_\_\_\_\_

**PARENTS READ CAREFULLY**

I hereby agree to allow my child to participate in the activity sponsored by Aberdeen Parks and Recreation Department. I understand that my child shall abide by all league rules as a condition of participation or a risk of expulsion from the program. I understand that my child may suffer accident or injury as a direct or indirect result of participation and agree to assume all risk involved in my child's participation. In the event of an injury, I will not hold the Town of Aberdeen, agents, volunteers, or employees responsible or liable. I also give permission to Aberdeen Parks and Recreation Department to give medical attention to my child as deemed necessary. I also release any pictures or video taken during this program to be used as promotional purposes.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Player Shirt Size:**    YS    YM    YL    AS    AM    AL    AXL    AXXL

**Coach Shirt Size:**    AS    AM    AL    AXL    AXXL    AXXXL    AXXXXL

\*For Department Use Only\*

**Registration Fee:** \$12 R \$25 NR CC    **CASH CHECK#** \_\_\_\_\_ **ONLINE CC**    **Date Paid** \_\_\_\_\_ **Staff** \_\_\_\_\_