

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

ADULT SOFTBALL TEAM REGISTRATION INFORMATION

League team registration is taken on a first come, first serve basis.

Team Packets taken after the leagues have been filled will be placed on a waiting list.

All packets must be returned with the items listed below in order to complete the registration process.

TO COMPLETE A TEAM REGISTRATION, THIS PACKET MUST BE TURNED IN WITH:

- Team roster with team name, as well as names, addresses and phone numbers of a minimum 7 players/maximum of 12 players.
- Completed registration form for each player on the roster.
- Minimum payment of \$200 of the Full team fee- \$500 per team, and an additional \$5 per non-Orange County resident. Please write one check for the full amount, made payable to The Town of Chapel Hill.
- Packets that do not contain the above items are considered incomplete and will NOT be accepted for registration.

IMPORTANT

The department reserves the right to check IDs of all players. Players can only play on one Summer League team per



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TEAM ROSTER

Team Name _____

SEASON/YEAR _____

CIRCLE ONE Baseball Softball Basketball Football **AGES** _____

Head Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____
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Assistant Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____

PLAYERS NAME	ADDRESS	COUNTY	PHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Minimum of 7 players are needed to form a team. Maximum of 12 players allowed on a team.

Fee: \$530 per team, additional \$5 for each non-Orange County resident

revised 2017



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REGISTRATION FORM

HOUSEHOLD INFORMATION

Chapel Hill resident Carrboro resident Orange County resident Non-Resident

Adult Participant or Parent Information

Secondary Parent

First Name: _____ Last Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact (other than parent): Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

CH-PR welcomes individuals with disabilities in our programs. Advance knowledge of you or your family member's needs will help us to provide the best experience possible. Please indicate any disability or medical condition below. We will contact you for more information. Questions? Call Marian Kaslovsky, Therapeutic Recreation Specialist at 968-2787 x 217.

Please describe the participant's needs: _____

Please circle the section where you live on the section map (page 40): 1 1A 2 2A 3 3A 4

REGISTRATION INFORMATION for YOUTH ATHLETICS

First Name	Last Name	Birth Date	Grade	Age	Sex	Activity #	Program Name	Dates	Shirt Size	FEE
1										
2										
3										
4										
Payment is required at the time of registration: <input type="radio"/> check # _____ (make check payable to CHPR and mail to CHPR, 200 Plant Rd., Chapel Hill, NC 27514) <input type="radio"/> money order <input type="radio"/> MasterCard/Visa (see below)										TOTAL

*Shirt available in youth or adult sizes for ages 5 - 10; ages 11 or older, adult sizes only.

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended. I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities and, do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named participant(s). I further certify that I am physically fit to participate in this program or activity and have not been otherwise informed by a physician. In addition, I give my permission to UNC Hospitals and/or other licensed medical facilities to provide treatment as deemed necessary by them.

PARTICIPANT SIGNATURE OR SIGNATURE OF PARENT/GUARDIAN IF CHILD IS UNDER 18: _____

Photo Policy: Chapel Hill Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.
 Policy of Non-Discrimination: The Town of Chapel Hill does not discriminate on the basis of disability in admission, access, treatment or employment in its programs or activities.

CREDIT CARD INFORMATION Visa MasterCard Account #: _____

Must be complete for mail-in credit card transactions

Name on card: _____

Signature: _____

Expiration Date: _____

