**Brownfield/Denmark Recreation Spring Sports Sign Up Form**

***PLEASE CIRCLE YOUR CHILDS SPORT BELOW***

 **T-Ball** is for boys & girls in grades K/1 and is organized by Brownfield Rec.

 **Rookie Softball** (grades 2/3)

 **Girls Softball** (grades 4/5/6) are for girls & is organized by Brownfield Rec.

**All team member placements to be at the discretion of the Brownfield/Denmark Recreation Departments based on experience and age.**

**Fee:** Rates are $30 for the first child and $20 for each additional sibling. Checks for Brownfield Residents should be made out to the Brownfield Rec Dept and checks for Denmark Residents should be made out to the Town of Denmark. Payments are expected when sign up form is turned it. Scholarships are available for anyone needing one.

Complete this form to the best of your ability. If you have more than one child on the form, please specify differences.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to text: \_\_\_\_ On Facebook: \_\_\_\_ Interested in Coaching: \_\_\_\_

Best way to notify parents: (Circle all that apply) Home Phone Call Cell Text Cell Facebook Email

Team snap sign up \_\_\_\_\_\_\_\_

Concerns / Special Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information/Permission**

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I give my permission to the Brownfield/Denmark Recreation Departments and their volunteers to seek medical treatments for my child/children listed above in case of an emergency or injury while at a Rec activity.

My signature below acknowledges the fact that, my child/children participate in the Brownfield/Denmark Recreation sports programs. My signature also grants my permission for my child’s picture to be printed in the local newspapers, posted online, and/or used for other recreation related purposes.

I assume the risk of physical injury from my child/children participating in these programs, and I assume these risks, be they injuries, damages, or loss, regardless of severity. I further agree to waive and relinquish all claims against the Towns, including its officials, agents, volunteers, coaches, and employees. I have read and understand this important information warning of risk, including its assumption and waiver and release of all claims. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date