

Napoleon Parks and Recreation Department Girls Softball Program Registration Form 2020

Participant's Name: _____

Parent's Name(s): _____

Address: _____

E-mail Address: _____

Phone Number: _____

Current Grade: _____ Shirt Size: _____

Last Year's Team Name: _____

Fee: (check one) \$20.00 – resident* \$30.00 – non-resident

(A reduced participation fee program is available for qualified families. Contact the City Building for details.)

* Parent or legal guardian living within the Napoleon corporation limits or pays City of Napoleon income tax.
(Verification of residency may be required)

Make checks payable to the City of Napoleon

Please Check:

- YES, I would be interested in being a volunteer coach. Contact me with information.
- MAYBE, contact me with more information.

Check One	Age Group	League Name
	Grades K - 1	Henry County Bank League
	Grades 2 - 4	Fast Pitch Minor League
	Grades 5 – 7	Fast Pitch Major League
	* Grade 8	Fast Pitch Major League (non-travel)

*** Girls in 8th grade are eligible if not registered and/or participating on a traveling team. Some restrictions may apply.**

Children in Prekindergarten and Pre-school are not eligible

Everyone wishing to participate in this program must register (even if participated last year). Everyone registering will be assigned to a team. Coaches will contact players in early April.

Please return to the City of Napoleon Parks and Recreation Department, 255 W. Riverview Ave., Napoleon, Ohio 43545.

Registration Deadline: Monday, March 23, 2020

Teams will be organized soon after the deadline therefore late registrations may not be accepted

Any questions, please contact the City Building at 592-4010. (No phone in registration)

GENERAL RELEASE

I hereby grant my child permission to participate in the Girls Softball program and agree to release and hold harmless the City of Napoleon, its officials, officers, employees, boards, and agents, including but not limited to all supervisors, coaches and assistants from any and all liability for damages resulting from injury to said child while engaged in all games, practices, and instructional clinics. I also agree to release and hold harmless all public facility owners and their officials, officers, employees, and agents while engaged in this program.

Parent or Legal Guardian's Signature

Date

Emergency Contact Person

Emergency Phone