



## St. Elizabeth Parish 2018 Coach Pitch and T-Ball Sign-Ups

We are committed to the youth and to providing them with sports programs that are rewarding, safe, challenging and fun.

|  |                             |
|--|-----------------------------|
| <b>Name:</b> _____                                 |                             |
| <b>Birth Date:</b> _____                           | <b>Current Grade:</b> _____ |
| <b>Address:</b> _____                              |                             |
| <b>Parent(s):</b> _____                            |                             |
| <b>Home phone:</b> _____                           | <b>Cell phone:</b> _____    |
| <b>Gender:</b> Male/ Female                        |                             |
| <b>Coach Played for Last Year if Played:</b> _____ |                             |
| <b>Emergency Contact Information:</b>              |                             |
| <b>Name:</b> _____                                 | <b>Phone:</b> _____         |
| <b>Address:</b> _____                              | <b>Relationship:</b> _____  |

|  |
|--|
| <b>Program:</b>  |
| <b>Coed T-Ball</b> _____ <b>Coed Coach Pitch</b> _____ <b>Shirt Size</b> _____ |
| Cost- \$50.00      Make checks payable to St. Elizabeth                        |

|  |
|--|
| I am interested in coaching: <b>Circle one:</b> Coach Pitch      T-ball      Shirt Size _____  |
| I am interested in assisting: <b>Circle one:</b> Coach Pitch      T-ball      Shirt Size _____ |
| <b>Name:</b> _____ <b>Contact Number:</b> _____  |
| <b>Email address</b> _____   |

I, the parent/guardian of the registrant give my consent for the registrant to participate in this St. Elizabeth sponsored sports program. I hereby release, discharge and or otherwise indemnify St. Elizabeth, The town of Ludlow, and agents, St. Elizabeth volunteers, Coaches, Co-Coaches, Asst. Coaches, other support team parents both on and off the playing field, umpires, against any claim by or on behalf of the registrant. I take full responsibility for any injuries incurred. In case of an emergency, call our home. If I cannot be reached, I give my consent for emergency medical care prescribed by a licensed doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of registrant. I understand that SJB or the Town of Ludlow will not furnish insurance.

\_\_\_\_\_

Doctor                      Doctor's Phone #                      Family Dentist                      Dentist's Phone #

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

|                                    |                      |
|------------------------------------|----------------------|
| <b>FOR SE OFFICIAL USE ONLY</b>    |                      |
| <b>DATE PAID:</b> _____            | <b>AMOUNT:</b> _____ |
| <b>PAYMENT METHOD: CHECK/ CASH</b> |                      |
| <b>CHECK #:</b> _____              | <b>CASH:</b> _____   |