



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.

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

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

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

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 _____

FOR SE OFFICIAL USE ONLY	
DATE PAID: _____	AMOUNT: _____
PAYMENT METHOD: CHECK/ CASH	
CHECK #: _____	CASH: _____