


FORMS WITH PAYMENT MAY BE MAILED TO 231 S TOWNSEND OR BROUGHT TO RECREATION OFFICE AT 201 W 12TH STREET. ALL FORMS MUST BE TURNED IN BY 5PM APRIL 7.

City of Ada Recreation Girls Softball Registration Form

PLEASE PRINT IN ALL CAPS

PLAYER INFORMATION

PLAYER'S NAME _____ DATE OF BIRTH ____/____/____ AGE AS OF JANUARY 1 OF THIS YEAR 

ADDRESS _____ CITY _____ ZIP _____

PARENT INFORMATION - Please Complete All Parts

Contact 1 _____	Contact 2 _____
Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

CONTACT 1 WOULD LIKE TO:

- HEAD COACH
- ASST COACH

CONTACT 2 WOULD LIKE TO:

- HEAD COACH
- ASST COACH

LEAGUE INFORMATION

CATEGORY	CURRENTLY AFFILIATED WITH A TEAM
<input type="checkbox"/> T-BALL MINOR \$40	<input type="checkbox"/> YES
<input type="checkbox"/> T-BALL MAJOR \$40	TEAM NAME _____
<input type="checkbox"/> MACHINE PITCH \$45	<input type="checkbox"/> NO
<input type="checkbox"/> 10U \$45	New to Ada Recreation Softball
<input type="checkbox"/> 12U \$45	<input type="checkbox"/> YES BIRTH CERT REQUIRED
	<input type="checkbox"/> NO

I, the parent or legal guardian of the registrant, a minor, and certify that I have knowledge of my child's physical condition and give my consent for my child to participate in the City of Ada Sports Complex League. I further certify that my child has no known physical defect, disease, or disability that will in any way jeopardize her health or physical condition if she is allowed to participate. I hereby release, discharge, and indemnify the city of Ada, Oklahoma, its employees and associated personnel against any claim by or on behalf of the registrant by reason of the registrant's participation in the City of Ada Sports Complex League.

PARENT/GUARDIAN SIGNATURE DATE

I, as the parent or legal guardian of the registrant, minor, acknowledge that the City of Ada may use images or photos from all recreation activities on the internet or in the newspaper to promote our athletes and our programs. By intialing below, I, as a parent or legal guardian of the registrant, agree that my child's photo or image may be used in only this manner.

OFFICIAL USE ONLY

Initials Date

DATE REGISTERED ____/____/____ ALL PARTS VERIFIED ____ NEW PLAYER ____ BIRTH CERTIFICATE ____
CASH/CHECK/ CREDIT CARD ____ AMOUNT PAID ____ RECEIVED BY _____