* 1.1 1 1C						1 11 1		
Inifial if v	ากเม ฮมิงค ห	permission t	ก แรค ทห	intae ar i	mages of	vour child a	an social:	media
IIIICIGI II y	ou give i		o use pii	OCOS OI I	mages or	your china t	JII SUCIAI	mcaia

## Ward Softball

## Spring 2025 Registration

Birth Certificate Copy Required



(Please print clearly)											
PLAYER'S NAME:											
BIRTHDATE:		PLAYER NUMBER REQUEST:									
PLAYER JERSEY SIZE:	Youth:	S M	L	Adult:	S	M	L	XL	XXL		
I, the parent/guardian of the registra (WPR). Recognizing the possibility of for its softball program and activities organizations and sponsors, their em- program, against any claim by or on- transported to or from the same, white thereby give my consent for emergen may be given under whatever condit	f physical injust program, I had ployees and subble the nick transports by medical calions are nece	orry associa ereby rele associated registrant : ation I here re prescrib ssary to pr	ted with so ase, discha personnel as a result eby author oed by a du reserve life	oftball and in rge, and/or , including th of the registri ize. As the particles is ly licensed of , limb, or we	other other ne ow rant's arent loctor ll-bei	idera wise i mers o parti or leg r of m	tion for indem of the cipati gal guar edicin my de	or the inify the fields ion in the ardian de or depende	WPR accept ae WPR, its and facilitie he program of the abov octor of der nt.	ing the reginalisted affiliated for and/or being e-named platistry. This	strant r the ng ayer, I care
PARENT/GUARDIAN NA											
ADDRESS:	City:										
EMAIL:		PHONE:									
SIGNATURE:		DATE:									
If interested in any of the	e followir	ıg, plea	se chec	k beside	ite	m: *	'Bac	ckgr	ound ch	eck requ	iired
1 Coachin	g 2	2	Assi	stant Co	ach	ing		3	Vo	olunteer	•
Special Medical Needs: _ ********										******	 *****
PLAYER FEE: \$75; Lea (Pays for lights, maintena	gue will f	follow I	JSA Sof	tball of A	Arka	ansa	as a	ge re	quirem	ents & r	ules
Your team sponsorship n Equipment needed by ea Ward softball follows ba needed. If a division doe Tue or Thr and played in	ich playe sic USA S es not ma	r: Cleat oftball ke, a *r	s, pants rules & efund v	s, glove, l age cha will be p	helr rt. l rovi	net, Divi ded	bat sior l. Ga	t, fiel is ma ime i	d face n ay comb nights c	nask oine, if ould be l	
Would you like to donate	e to help sp	onsor a	child? W	e can pro	vide	a re	ceipt	t for t	ax purpo	ses. <u>\$</u>	_
	****	* FOR \	WP&R I	JSE ONL	Y **	k***	*				
CASH: CHECK #:	CA	RD:	RE	CEIPT #	:			_ RE	CEIVED	BY:	

Mail forms to PO Box 237, Ward, AR 72176. Make checks payable to Ward Parks and Recreation.