

WARETOWN

THUNDER

Waretown Thunder Softball Club 2024 Spring Registration Form

6U 8U 10U 12U 14U 16/18U

Player Information

First Name _____ Last Name _____
Date of Birth _____ League Age _____ (age as of December 31, 2023)
Street Address _____
Town _____ State _____ Zip Code _____
Bats _____ Throws _____
Uniform Shirt Size _____ Uniform Pants Size _____

Parent/Guardian Information

First Name _____ Last Name _____
Street Address _____
Town _____ State _____ Zip Code _____
E-mail _____

THIS IS HOW WE COMMUNICATE. PLEASE PRINT E-MAIL ADDRESS CLEARLY!

Home Phone _____ Cell Phone _____
Emergency Contact _____ Relation _____
Emergency Phone _____ Do you have Insurance? _____
Insurer and Policy Number _____

By signing below, I authorize my daughter to participate with the Waretown Thunder Softball Club in all team related activities, including, but not limited to games, practices, fund-raising, travel, etc. I further state that I am aware that by paying my registration fee, a portion of the fee purchases limited coverage group insurance. I understand that I must first use my own insurance prior to using the group plan. I understand the registration fee for the 2024 Spring season is \$75 per player (Early Registration is \$65.00, online only, before January 1, 2024) and I agree to pay the balance of my registration fee in full prior to March 1, 2024. I hereby release the Waretown Thunder Softball Club, it's managers, coaches, volunteers and Executive Board from any liability.

Parent/Guardian Signature _____ Date _____

BOARD USE ONLY

Payment Method _____ Amount _____ CK # _____ Cash _____
Paid in Full _____ Balance Due _____ Date Recorded _____ Viewed _____
Birth Certificate _____ Have Babe Ruth ID Card _____
Assigned Team _____