



**BGPR**  
**BOWLING GREEN**  
**PARKS & RECREATION**  
**BOWLING GREEN ATHLETIC ASSOCIATION**  
**SPRING 2012 LEAGUE**



**REGISTRATION: Tuesday & Wednesday, February 28-29 3:30-6:00 p.m.**  
**and Saturday, March 3 10 a.m. to 12 noon**  
**PLACE: Bowling Green Parks Office, 225 East Third Street**

\* Child will not be assigned without minimum \$20 payment due at registration. Make checks payable to **BOWLING GREEN PARKS AND RECREATION**. For more information call 393-3573.

_____ <b>BOYS TEE BALL</b> - Boys 4-6 years old.	FEE: \$45.00
_____ <b>BOYS COACH-PITCH</b> - Boys 6-8 years old - Coach Pitch Developmental League.	FEE: \$50.00
_____ <b>GIRLS SOFTEE BALL</b> - Girls 4-6 years old	FEE: \$45.00
_____ <b>GIRLS COACH-PITCH</b> - Girls 6-9 years old - Coach Pitch Developmental League.	FEE: \$50.00
_____ <b>GIRLS PONYTAIL</b> – Girls Ages 10-12 years old	FEE: \$60.00
_____ <b>GIRLS FAST PITCH</b> – Girls Ages 12 & Under	FEE: \$60.00
_____ <b>GIRLS FAST PITCH</b> – Girls Ages 14 & Under	FEE: \$60.00

**\$10.00 off any additional child registered from the same household.**

**Games may begin the week of April 30 and are played at Lampkin Park. Ages and genders may be combined if deemed necessary. The player's age will be as of July 1, 2012. Birth Certificates are required at registration. Registration includes insurance and jersey. All coaches are NYSCA Certified.**

**RELEASE AND WAIVER OF LIABILITY**

I understand that TEE BALL, BOYS COACH-PITCH, SOFTEE BALL, GIRLS COACH-PITCH, PONYTAIL are physical, high-contact, dangerous activities, and that the Bowling Green Parks & Recreation Department Staff and Instructors will exercise care and precaution in the supervision thereof. However, recognizing the inherent risk of injury, including but not limited to broken limbs, head injuries possibly leading to paralysis or death, I nevertheless waive, release and discharged and agree to indemnify and hold harmless, the Bowling Green Parks & Recreation Department, City of Bowling Green, and Bowling Green Athletic Association Staff, personnel and instructors from any and all liability for injuries or damages which may arise from any and all negligent acts of conduct of commission and omission, if any, or any other injury arising from this program which may be sustained by me or my child. I further understand that persons with a history of back trouble, heart disease, and high blood pressure are not to participate in this activity without providing the Official with a dated doctor's consent form.

This \_\_\_\_\_, 2012 \_\_\_\_\_  
 ( Date ) (Signature of Natural Parent or Legal Guardian)

Player's Name \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Parent's Names \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Team Played On Last Year \_\_\_\_\_ School Attending (Or District) \_\_\_\_\_

Age on May 1, 2012 \_\_\_\_\_ Birth date \_\_\_\_\_

Shirt Size **YS YM YL AS AM AL AXL** Volunteer availability: Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Mom \_\_\_\_\_

*FOR OFFICE USE ONLY:*

BIRTH CERTIFICATE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CK# \_\_\_\_\_ Rcpt# \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE

If you or your child should be injured or become involved in an emergency situation, officials, may notify Emergency Medical Personnel. You will be responsible for any financial matters that may occur. Upon arrival, the Emergency Room Physician will make every effort to contact your emergency contact person listed below. However, if this should entail a lengthy delay or if the injury is in any way life threatening, the injured will receive immediate treatment.

**EMERGENCY CONTACT PERSON**(*Someone other than you*) \_\_\_\_\_

**RELATIONSHIP TO CHILD** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

\_\_\_\_ Does Require Medical Treatment of Illness (List)

\_\_\_\_ Does Have Allergies or Chronic Problems (Examples: Allergies, Asthma, Diabetes, Drug Medication (List)

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## OPTIONAL SURVEY INFORMATION

In an effort to better serve the community of Bowling Green and Warren County and identify demographic information and citizen needs, please take a moment to answer the following questions. These questions are for informational purposes only.

### Race:

Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Latino \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

### National Origin:

United States \_\_\_\_\_ Non-US \_\_\_\_\_

### Residential status:

Bowling Green City \_\_\_\_\_ Warren Co.(outside city limits) \_\_\_\_\_ Other county(list) \_\_\_\_\_

### How did you hear about the program(*check all that apply*):

Newspaper ad \_\_\_\_\_ Flyer from school \_\_\_\_\_ TV/Radio ad \_\_\_\_\_ Word of Mouth \_\_\_\_\_

Received info in mail \_\_\_\_\_ BG Parks Program booklet \_\_\_\_\_

### What other sports does your child play or have an interest in (*check all that apply*):

Soccer \_\_\_\_\_ Football \_\_\_\_\_ Basketball \_\_\_\_\_ Tennis \_\_\_\_\_ Hockey \_\_\_\_\_ Track and Field \_\_\_\_\_ Skateboarding \_\_\_\_\_

Volleyball \_\_\_\_\_ Cycling \_\_\_\_\_ Swimming \_\_\_\_\_ Other(please list) \_\_\_\_\_

**What other programs or activities would you like to see offered by BG Parks and Recreation?**