



2022 Softball Player Registration Form

	2022 Fees	For Official Use Only
Player 1	\$175.00	
Player 2	\$295.00	
Player 3	\$315.00	
Player 4		
Ages 5 & 6	\$125.00	
Ages 3 & 4	\$60.00	
		Birth Certificate

Player Last Name:	Player First Name:	Birthdate:	Age as of 1/1/2022
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Street Address:	City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Emergency Phone:
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Parent/Guardian Names:	Primary Email:
Parent/Guardian Names:	Secondary Email:

Shirt Size: YS YM YL AS AM AL AXL Other _____

<p>Select Managers and Coaches</p> <p>Please consider being a team manager or coach. We also need volunteers for our coordinator positions in each division: 7-8 Ages 9-10 <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U <input type="checkbox"/> Ages 11-12 <input type="checkbox"/> Ages 13-14 <input type="checkbox"/> Ages 15-18 <input type="checkbox"/></p> <p>Please fill out our volunteer form. Please print your name:</p>	<p>Was the player a Regular Pitcher for the 2021 season? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent wishes to: <input type="checkbox"/> Manage a Team <input type="checkbox"/> Assistant coach for a team</p> <p>Did the player receive pitching instructions during or after the 2021 season? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Was the player a Regular Catcher for the 2021 season? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select Division(s) you want to manage/coach: <input type="checkbox"/> 4U <input type="checkbox"/> 6U <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U</p> <p>Did the player receive catching instructions during or after the 2021 season? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Current Grade:	Current School:	Played for the Crown Point Parks & Recreation Softball in 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th colspan="2">For Official Use Only</th> </tr> </thead> <tbody> <tr> <td>If yes, what division and team?</td> <td></td> </tr> <tr> <td>Subtotal</td> <td></td> </tr> <tr> <td>Amount Paid</td> <td></td> </tr> <tr> <td>Balance Due</td> <td></td> </tr> <tr> <td>Receipt Number</td> <td></td> </tr> <tr> <td>Check Number</td> <td></td> </tr> <tr> <td>Cash</td> <td></td> </tr> <tr> <td>Credit Card</td> <td></td> </tr> <tr> <td>RECEIVED BY:</td> <td></td> </tr> </tbody> </table>	For Official Use Only		If yes, what division and team?		Subtotal		Amount Paid		Balance Due		Receipt Number		Check Number		Cash		Credit Card		RECEIVED BY:	
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RECEIVED BY:																							

Interested in Sponsorship	ASK FOR SPONSORSHIP FORM
Sponsor's name	
Phone Number	
Name of Sponsor Company	
Age Division of sponsorship	
<p>Mail Registration form to: Crown Point PACE Department Attn: John Stroia 183 S. West St. Crown Point, IN 46307</p>	<p>Make Checks Payable to: City of Crown Point Contact John Stroia at: 219-661-2272 jstroia@crownpoint.in.gov</p>

Waivers and Important Information

PLEASE SEE BACK FOR IMPORTANT WAIVER INFORMATION →

Initials

The UNDERSIGNED does hereby acknowledge that their participation in said entertainment, activity and/or meeting, program is strictly voluntary action on their part; that in the case that said program may pose a threat to their personal health; and that the undersigned will hold the City of Crown Point harmless from any and all claims; or whatsoever type in nature, arising from any injuries or other harm suffered from participation in said program. The undersigned further releases and indemnifies the City of Crown Point from any and all claims from participation in said program and further represents that said release from liability shall also bind their heirs, survivors, beneficiaries, and representatives.

The UNDERSIGNED also acknowledges that the City of Crown Point will use its Blackboard Connect Mass Notification system to notify participants of important League and schedule information. Methods of transmittal include text messaging, email and phone calls. The City is not responsible for any charges incurred by the transmittal of this data. In the event that the registrant wishes to opt out of the notification process, you may do so by contacting 219-663-0788.

Initials

Photo Policy: On occasion Crown Point PACE (Parks, Athletics, Communications and Entertainment) staff and local media may take photographs and/or video of activities at the Sportsplex. Please be aware they may be used for future publications or media.

Initials

Novel/Corona/Covid-19 — Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for the City of Crown Point and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render the City harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.

Initials

Refund Policy: No refunds after March 5, 2022.

I have read and understand the terms listed above.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date