

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

ADULT SOFTBALL TEAM REGISTRATION INFORMATION

League team registration is taken on a first come, first serve basis.

Team Packets taken after the leagues have been filled will be placed on a waiting list.

All packets must be returned with the items listed below in order to complete the registration process.

TO COMPLETE A TEAM REGISTRATION, THIS PACKET MUST BE TURNED IN WITH:

- Team roster with team name, as well as names, addresses and phone numbers of a minimum 7 players/maximum of 12 players.
- Completed registration form for each player on the roster.
- Minimum payment of \$200 of the Full team fee- \$500 per team, and an additional \$5 per non-Orange County resident. Please write one check for the full amount, made payable to The Town of Chapel Hill.
- Packets that do not contain the above items are considered incomplete and will NOT be accepted for registration.

IMPORTANT

The department reserves the right to check IDs of all players. Players can only play on one Summer League team per



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TEAM ROSTER

Team Name _____

SEASON/YEAR _____

CIRCLE ONE Baseball Softball Basketball Football **AGES** _____

Head Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____
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Assistant Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____

PLAYERS NAME	ADDRESS	COUNTY	PHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Minimum of 7 players are needed to form a team. Maximum of 12 players allowed on a team.

Fee: \$530 per team, additional \$5 for each non-Orange County resident

revised 2017



Parks and Recreation Registration Form

Chapel Hill resident Carrboro resident Orange county resident Non-resident

Receipt# _____

Adult Participant/Parent/Guardian

First Name _____ Last Name _____

Address _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone _____

Emergency Contact (other than parent) Name: _____ Relationship: _____ Phone # _____

Please check here to you or your children has a set of unique skills, abilities or special needs. We welcome participant of all abilities. We can serve your family better if we know about them and discuss options before an activity starts.

Registration Information

	First Name	Last Name	Birth Date	Grade	Age	Sex	Program Name	Activity#	Fee
1									
2									
3									
4									
Second choice if program on line ____ above is filled.									
Second choice if program on line ____ above is filled.									
See Minimum payment below. <input type="checkbox"/> check # _____ (make check payable to Town of Chapel Hill and mail to CHPR 200 Plant Road, Chapel hill, NC 27514) <input type="checkbox"/> money order <input type="checkbox"/> credit card									

For Youth Athletics: Shirt Size ____ Child's Name _____ Shirt Size ____ Child's Name _____ Shirt Size ____ Child's Name _____

*Shirt available in youth or adult sizes S, M, L or XL, for ages 5-9; ages 10 or older, adult sizes only

REFUNDS: NOT ALL PROGRAMS, PASSES, OR RENTALS ARE ELIGIBLE FOR A REFUND. A refund or credit of registration fees, less a \$10.00 processing fee (per program or rental), will be made if requests for a refund are made **IN ADVANCE** and **IN WRITING** (parksrec@townofchapelhill.org). Some require **14 DAYS** advance notice. Visit chapelhillparks.org for full refund policy and guidelines.

Photo Policy: Chapel Hill Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.

Policy of Non-Discrimination: The Town of Chapel Hill does not discriminate on the basis of disability in admission, access, treatment or employment in its programs or activities

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended, I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities, and do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named, that I am physically fit to participate in this program and have not been otherwise informed by a physician. In addition, I give my permission to UNC Hospitals and/or other licensed medical facilities to provide treatment as deemed necessary by them.

Parent/guardian Signature: _____

Date: _____