

\$40 Per Session

**PCB Girls Youth Softball
Instructional Program
Registration**



Child's Name _____ Phone _____
 Street Address _____ City _____
 State _____ Zip _____ Guardian's Email Address _____
 Primary Guardian Name _____ Phone _____
 Secondary Guardian Name _____ Phone _____
 Secondary Guardian Address (If different) _____
 Emergency Contact _____ Phone _____

NOTE: Sessions are on Tuesdays and Thursdays from 5:30pm -7:30pm for 6 weeks. Each participant is responsible for their own glove. Rubber cleats are optional. No metal cleats. There is a minimum of 8 per session required. No jewelry is allowed. All piercings need to be removed. No Exception! No Refunds.

*****Cotton Shirt included with Registration Fee*****

<u>6 Week Sessions</u> (8 Participants Per Session Required.) April 25, 2016 thru June 2, 2016 _____ Tuesday Session 5:30pm-7:30pm Hitting & Fielding \$40.00 _____ Thursday Session 5:30pm-7:30pm Pitching \$40.00	<u>Age</u> **As of 5/1/2016 Date of Birth ____/____/____ Age _____	<u>Shirt</u> - YS _____ YL _____ YM _____ AS _____ AL _____ AXL _____ AM _____ AXL _____ A2XL _____
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PARTICIPATION PERMISSION: I as an adult 18 and older and the parent or legal guardian of the above named participant, hereby give my approval to participate in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

I understand that supervision is only during the hours of scheduled practice and games. I also give the City of Panama City Beach permission to take pictures during practices and games for publicity purposes.

I hereby release, absolve, indemnify, and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

Signature of Parent or Legal Guardian

Date

For Office Use Only

Receipt Number _____ Check # _____ Cash Amount _____ C.C. _____ Received By: Drop Box _____ Mail _____ In Person _____	Playing Age _____
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