



# KENSTON COMMUNITY EDUCATION YOUTH SOFTBALL REGISTRATION SPRING 2012



**ENROLLMENT LIMITED TO KENSTON SCHOOL DISTRICT RESIDENTS**

|   |   |                                 |             |                      |             |   |              |   |
|---|---|---------------------------------|-------------|----------------------|-------------|---|--------------|---|
| <p><b>CHOOSE ONE:</b><br/>2011/2012 school year</p> <p><input type="checkbox"/> T Ball (PreK- K Coed #2007)<br/> <input type="checkbox"/> Coach Pitch (1<sup>st</sup> / 2<sup>nd</sup>)<br/> <input type="checkbox"/> Pigtail (3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup>)<br/> <input type="checkbox"/> Ponytail (6<sup>th</sup> / 7<sup>th</sup> / 8<sup>th</sup>)</p> <p>Register online at<br/> <a href="http://www.kenstoncommunityed.org">www.kenstoncommunityed.org</a><br/> <b>Course #2008</b></p> | <p style="text-align: center;"><b>REGISTRATION FEE:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="text-align: center;"><b>Early Fee until 3/9/2012</b></td> <td style="text-align: center;"><b>\$75</b></td> </tr> <tr> <td style="text-align: center;"><b>Fee 3/10-4/17</b></td> <td style="text-align: center;"><b>\$85</b></td> </tr> <tr> <td style="text-align: center;"><b>Late Fee 4/18 &amp; later</b><br/><i>Registrations received after 4/17 will be placed on a waiting list</i></td> <td style="text-align: center;"><b>\$100</b></td> </tr> </table> <p style="text-align: center; font-size: small;">Make checks payable to:<br/> Kenston Community Education<br/> 17425 Snyder Road · Chagrin Falls, Ohio 44023</p> | <b>Early Fee until 3/9/2012</b> | <b>\$75</b> | <b>Fee 3/10-4/17</b> | <b>\$85</b> | <b>Late Fee 4/18 &amp; later</b><br><i>Registrations received after 4/17 will be placed on a waiting list</i> | <b>\$100</b> | <p><b>VOLUNTEERS NEEDED:</b></p> <p><input type="checkbox"/> I would like to be a head coach.</p> <p>Name _____</p> <p>E-mail _____</p> |
| <b>Early Fee until 3/9/2012</b>   | <b>\$75</b>   |                                 |             |                      |             |   |              |   |
| <b>Fee 3/10-4/17</b>  | <b>\$85</b>   |                                 |             |                      |             |   |              |   |
| <b>Late Fee 4/18 &amp; later</b><br><i>Registrations received after 4/17 will be placed on a waiting list</i>   | <b>\$100</b>  |                                 |             |                      |             |   |              |   |

Participant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade 2011/2012 school year \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Ability:  Beginner  Average  Above Average    Special Skills:  Pitcher  Catcher

Name of Father: \_\_\_\_\_ Home Phone \_\_\_\_\_ cell Phone \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_ cell Phone \_\_\_\_\_

Primary Contact:     Father     Mother     Other \_\_\_\_\_

Primary Contact E-mail address \_\_\_\_\_ @ \_\_\_\_\_ Receive newsletter?  Yes  No

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than parent/guardian)

Physical Restrictions/Allergies \_\_\_\_\_

**Release of Liability  
Medical Treatment Consent**

In consideration of the Auburn Bainbridge Recreation Board (AKA: Kenston Community Education; KCE) providing sponsorship and /or providing facilities for this program and /or Kenston Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify KCE and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property damage sustained or caused by me or my ward while participating in any program offered by KCE. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's, personal physician.

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for myself and/or my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, agents or representatives of KCE, and further agree to assume all expenses for said treatment.

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSORS**

Sponsors are needed to help defray the cost of field rental/maintenance, equipment/uniforms. Your donation of \$150 will get your company name listed on the back of a team shirt and your logo/company name on the girls softball webpage with a hotlink, if available. Contact the Kenston Community Education office at 440-543-2552 for more information  
Yes! I am interested. Please call me \_\_\_\_\_.