



KENSTON COMMUNITY EDUCATION YOUTH SOFTBALL REGISTRATION 2010



ENROLLMENT LIMITED TO KENSTON SCHOOL DISTRICT RESIDENTS

<p>CHOOSE ONE: 2009/2010 school year</p> <p>A <input type="checkbox"/> Coach Pitch (1ST / 2nd) B <input type="checkbox"/> Pigtail (3rd / 4th) C <input type="checkbox"/> Ponytail (5th / 6th)</p> <p>Register online at www.kenstoncommunityed.org course # 2008.22</p>	<p>REGISTRATION FEE: Early Registration Thru 3/12/10 \$75.00 Registration \$85.00</p> <p>Make checks payable to: Kenston Community Education 17425 Snyder Road Chagrin Falls, Ohio 44023</p>	<p>VOLUNTEERS NEEDED:</p> <p><input type="checkbox"/> I would like to be a head coach. <input type="checkbox"/> I would like to be an assistant coach.</p> <p>Name _____</p> <p>E-mail _____ Assistant coaches are assigned randomly.</p>
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Participant Name _____ Phone _____

Address _____ City _____ Zip _____

Current Grade 2009/2010 school year _____ Birth Date ____ / ____ / ____ Age _____

Ability: Beginner Average Above Average Special Skills: Pitcher Catcher

Name of Father: _____ Home Phone _____ Work Phone _____

Name of Mother: _____ Home Phone _____ Work 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 _____.