



West Side T-BALL LEAGUE

2019 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION Period: February 3, 2019 – February 24, 2019

LOCATION:

Christ Fellowship Church (address listed below).

PROGRAM INFORMATION: For boys and girls ages 4 to 7 years old. This program will help teach the fundamentals of t-ball and an understanding of the game, while focusing on Christian based leadership skills in a fun, "no judgement" atmosphere. The program will start March 3, 2019 and run until April 7, 2019. Games will be played on Sundays after morning worship. Practice sessions and games will be 60 minutes with times scheduled from 1:15 to 2:15 PM and 2:30 to 3:30 PM. Each team is invited to the end of the year Awards banquet and final game on April 7, 2019. Each player will receive a special award unique to them. Participation is limited to 60 children. Children will receive uniform shirts included with registration fee. Children can wear dark shorts or jogging pants with regular gym shoes and will need to bring a glove. Registration Forms and payment may be mailed to:

Christ Fellowship Church
5000 N Bend Rd
Cincinnati, OH 45211
Attention: T-Ball

In-person registration will be available at the church 12 PM to 2 PM on February 17th and 24th. All players who register on Sunday, February 17th, will be entered to win a FREE baseball glove!

The registration fee is \$35 for the 1st child, \$30 for the 2nd child and \$25 for the 3rd child with a max of \$90 per family. Fee must be paid with registration to hold your child's slot. Fee is payable by check or money order. Cash payment is an option only at in person registration. No Registrations will be accepted after February 24, 2019. There will be NO EXCEPTIONS and NO REFUNDS will be given.

PLEASE PRINT – USE ONE FORM PER PARTICIPANT:

Participant's Name: _____

Sex: Male: ____ Female: ____

Address: _____ City, State: _____ Zip: _____

Phone #: (____) _____ *** Preferred E-mail Address: _____

Age (As Of 3/3/19): _____ Birth Date: ____/____/____ Grade: _____

****Favorite Song (Age appropriate): _____ Artist: _____

T-Shirt Size: _____

*Name of child/children you would like to be on the same team with (No changes will be possible after February 24, 2019):



Parent's/Guardian's Names:

1. _____ Relationship (Mom, Dad, Other, Specify) _____

** Cell Phone 1: (_____) _____

2. _____ Relationship (Mom, Dad, Other, Specify) _____

** Cell Phone 2: (_____) _____

Emergency Contact: _____ Relationship: _____

Cell Phone: (_____) _____

Form of payment:

Cash: ___ Check No.: _____ Money Order: _____

Amount Paid: \$ _____

Please make checks payable to: Christ Fellowship Church

Medical History:

Primary Care Physician: _____

Primary Care Physician's Address: _____

Primary Care Physician's Phone: _____

Does participant have any known allergies or medical conditions that may require attention during the program?

Please be specific:



Participant Release Information:

(Name of child) _____ has my permission to participate in all activities of the above-registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment, and to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold Christ Fellowship Church, its coaches, administrators, all program volunteers, as well as other persons connected with Christ Fellowship Church, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment, or facilities therein. I also understand that Christ Fellowship Church does not provide accident insurance for any of its participants.

Parent/guardian signature: _____ Date: _____

COACHES____ and ASSISTANTS____ are needed – If interested, please CHECK accordingly. Please be advised that commitment is expected for the entire season if you volunteer. CFC will pay for coach’s background check.

PLEASE PRINT the name of coach/assistant that is interested: _____

Cell #: _____

Please call the church office at (513) 662-4569 with any inquiries, issues or concerns that you may and refer to West Side T-Ball. Remember to leave your name and phone number.

*Accommodations will be made based on carpooling and siblings.

**Text messages will be sent for all game updates. Please make sure a valid cell phone number is provided.

***T-Ball schedules will be e-mailed. Please make sure a valid e-mail address is provided.

****Song will be played when your child is up at bat