

# Town of Coats

POB 675

Coats, North Carolina 27521

910-890-4946

www.coatsparksandrec.com

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## COATS PARKS & RECREATION - REGISTRATION FORM

**BIRTHDAY CUT OFF DATE: MAY 1<sup>st</sup> for BASEBALL PARTICIPANTS**  
**BIRTHDAY CUT OFF DATE: JANUARY 1<sup>st</sup> for SOFTBALL PARTICIPANTS**  
**BIRTH CERTIFICATE NOT REQUIRED for 6U and 8U Age Groups**

**PROGRAMS:** T-Ball (BOYS/GIRLS) (4-6) 6U \_\_\_\_\_  
BASEBALL (BOYS/GIRLS) 8U \_\_\_\_\_ (BOYS) 10U \_\_\_\_\_, 12U \_\_\_\_\_  
SOFTBALL 10U \_\_\_\_\_, 12U \_\_\_\_\_

PARTICIPANTS NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IF INTERESTED IN COACHING PLEASE CHECK HERE \_\_\_\_\_

**REGISTRATION FEES: IN TOWN RESIDENT \$ 25.00**  
**OUT OF TOWN RESIDENT \$ 50.00**

I, THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED APPLICANT, DO HEREBY GIVE MY CONSENT FOR HIS/HER PARTICIPATION IN THE ABOVE NAMED PROGRAM SPONSORED BY THE COATS PARKS & RECREATION DEPARTMENT SO LONG AS HE/SHE ABIDES BY THE RULES AND REGULATIONS AS ESTABLISHED FOR THE PROGRAM. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY ACCIDENT OR INJURY TO THE PARTICIPANT WHILE HE/SHE IS ENGAGED IN THE PROGRAM OR NECESSARY TRANSPORTATION, INCIDENTAL TO THE PROGRAM PARTICIPANT, WAIVE, RELEASE, ABSOLVE AND AGREE TO HOLD HARMLESS TO THE TOWN OF COATS, COATS PARKS & RECREATION DEPARTMENT, ADVISORY COMMISSION, THEIR VOLUNTEERS, ORGANIZERS, SPONSORS AND SUPERVISORS FROM ANY CLAIM ARISING FROM ANY ACCIDENT OR INJURY TO THE PARTICIPANT. I SHALL AID HIM/HER TO TAKE CARE OF ANY EQUIPMENT AND SEE THAT THE EQUIPMENT IS RETURNED IN CLEAN CONDITION WHEN CALLED FOR BY THE DEPARTMENT. THE PARTICIPANT MAY NOT BEGIN ANY PRACTICE UNTIL THIS WAIVER IS PROPERLY SIGNED.

**I UNDERSTAND THAT NO INSURANCE IS PROVIDED BY THE TOWN OF COATS**

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_