



"Where Champions Play"

Shaw Park Baseball Registration
 FALL 2010
www.shawparkbaseball.com

Part 1: League Information and Registration Fees if paid by August 7th (Travel teams by August 14th) _League to be played is based on your child's age as of April 30th

Rec.	League	Date of Birth	Cost	Travel League	Cost
<input type="checkbox"/>	Shetland	5/1/2004-4/30/2006	\$85	<input type="checkbox"/>	9U \$115
<input type="checkbox"/>	Pinto	5/1/2002-4/30/2004	\$115	<input type="checkbox"/>	10U \$115
<input type="checkbox"/>	Mustang	5/1/2000-4/30/2002	\$115	<input type="checkbox"/>	11U \$115
<input type="checkbox"/>	Bronco	5/1/1998-4/30/2000	\$115	<input type="checkbox"/>	12U \$115
<input type="checkbox"/>	Pony	5/1/1996-4/30/1998	\$120	<input type="checkbox"/>	13U \$115
<input type="checkbox"/>	Colt 15-18	5/1/1992-4/30/1996	\$120	<input type="checkbox"/>	14U \$115

- Return Registration form and payment postmarked by August 7th 2010
- **Total FAMILY registration limit \$330 per family.**
- **\$10 Late Fee to be added after August 7th (August 14th for Travel)**

Part 2: Registration Information

Print clearly! Fill out the form completely. Shaw Park will not guarantee your child's playing slot if information is missing.

Player Information

Child's First Name _____ Last Name _____

Gender _____ Date of Birth: _____ E-Mail: _____

Day Phone _____ Evening Phone _____ New to Shaw Park _____

Address _____ City _____ Zip _____

County _____ School _____ Grade _____

(Non-Cobb County residents add \$25.00 to payment)

Parent Information

(Cell provider is for the rainout hotline)

Father's
 First Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Cell Provider _____

Occupation _____ E-Mail _____

Mother's
 First Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Cell Provider _____

Occupation _____ E-Mail _____

Player's Primary Residence is with the (Circle One) Mother Father Both Other _____

Cobb County requires all recreational associations to provide tax information. You must answer the following questions in order for your child's registration to be processed. **Do you pay Marietta city taxes?** _____

YOU MUST COMPLETE THE OTHER SIDE!

Part 3: Proof of Insurance

Cobb County requires every player and coach **in all age groups** to provide **Proof of Insurance**. Shaw Park will not guarantee your child's playing slot if proof of insurance is not provided.

Insurance Company _____ Policy Number _____

If you do not have insurance you must purchase insurance for the season. Cobb County Parks and Recreation offers a non-deductible accident insurance policy at the cost of \$6.30. Click here if you will require a county insurance form and one will be mailed to you. (Include an additional \$6.30 to your check)

Part 4: Volunteer Information

Shaw Park needs parents willing to volunteer. If you are interested in helping please enter your name below.

Manager _____ Assistant Coach _____ Team Mom _____

Part 5: Mailing List

It is Shaw Park's practice to provide a membership mailing list to various partners who conduct baseball-related programs on behalf of the Shaw Park Baseball Association and our general membership. Under no circumstances do we sell our membership list. If you do not wish your personal address information to be provided to our partners, please check here:

Part 6: Parent Signature

I/We the parents of the above named child hereby give my/our permission for his/her participation in the Baseball program at Shaw Park. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless Cobb County Parks and Recreation Department, the organizers of the activity, sponsor, the supervisors, any or all of them, in case of injury to my child. I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed to them. I/We likewise release from responsibility any person transporting my child to or from the activity, or to the doctor or hospital in case of injury. Important rule: NO SIGNATURE, NO PLAY!

PARENT OR GUARDIAN SIGNATURE _____

Registration Instructions

1. FORMS ARE PROCESSED ON A FIRST COME FIRST SERVED BASIS - Send them in ASAP!
2. Complete the entire form - Print Clearly. Shaw Park will not guarantee your child's playing slot if there is any missing information.
3. Proof of insurance or purchase of insurance is required for all age levels. Shaw Park will not guarantee your child's registration if Proof of Insurance is not provided.
4. Include check for the entire fee** made payable to Shaw Park Baseball.
5. **Out of county residents** must include additional \$25.00 out of county fee.
6. Persons purchasing insurance must include a \$6.30 fee.
7. Sign the registration form. Without a signature, registration cannot be processed.
8. Original form must be sent in. No copies or faxes will be allowed.
9. Managers and Coaches must complete the enclosed application form.
10. Shaw Park cannot and will not accept any player/coach who plays in any other Pony baseball league at the same time.

Refund Policy

1. \$30.00 of the registration fee is non-refundable.
2. Balance of registration fee is refundable up to opening day.
3. All refund requests must be in writing.
4. No refunds will be processed on or after opening day .
5. There is a \$30 fee on all returned checks and checks with stop payments.

Return Registration forms to:

Shaw Park Baseball
P.O. Box 669755
Marietta, GA 30066