

**HANOVER AREA RECREATION BASEBALL/SOFTBALL REGISTRATION FORM**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

MUNICIPALITY: (Circle One Below)

Hanover / Penn Township / West Manheim / Conewago Twp. / Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Month Day Year **BOYS** (as of May 1, 2019)  
**GIRLS** (as of May 1, 2019)

T-Shirt Size: **(circle one)** Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult Extra Large

Team Played for Last Year: \_\_\_\_\_

Number of Years with the Hanover Borough Program: \_\_\_\_\_

Registration Fee: All Registration \$20.00

If needed, \$10.00 pants fee if needed:

Pants Size: Youth Medium Youth Large Youth Extra Large  
Adult Small Adult Medium Adult Large Adult Extra Large

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\* PLEASE CHECK THE LEAGUE YOU ARE PLAYING:

Boys Morning Instructional League 6 - 9 Years of Age  
(June 10th to August 2nd 2019)  
Monday and Wednesday  
8:30AM- 10:30AM

Girls Morning Instructional League 6 - 9 Years of Age  
(June 10th to August 2nd 2019)  
Tuesday and Thursday  
8:30AM- 10:30AM

\*\*\* All Practice and Games will be held @ Good Field \*\*\*

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\* I, the parent or guardian of \_\_\_\_\_ hereby absolve, indemnify, and hold harmless the Supervisors, Recreation Directors, and the Recreation Board, any or all of these. I assume all the risks and hazards incidental to the recreational activities and transportation to and from these activities. Hanover Recreation Board does NOT carry insurance to cover injuries.

PARENT'S SIGNATURE: \_\_\_\_\_

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

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\*\*\*Emergency Medical Info Cards need to be completed on the back of this form!\*\*\*

\*\*\*FLIP OVER\*\*\*

HANOVER RECREATION BOARD  
44 Frederick Street  
Hanover, PA 17331

**EMERGENCY PROCEDURE CARD**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

In case of illness or injury, please indicate who should be contacted:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
FIRST:	_____	_____	_____
SECOND:	_____	_____	_____
THIRD:	_____	_____	_____

EMERGENCY: In the event my child requires medical care from a physician or emergency care staff, I grant permission for league agents to seek help, and I will assume responsibility for costs (ambulance emergency room, physician) incurred by the emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

In the case of any Special Needs or Health Concerns - Please list information on bottom of the form!

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