

2025 REGISTRATION FOR ROCKFORD SUMMER RECREATIONAL BALL PROGRAMS

Please complete this form to register your child for the Rockford Recreation Association summer ball programs. Please see cutoff date beside each league.

Completed registration forms, medical forms, and fees can be turned in by:					
Signature of Parent/Guardian	Date				
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By signing up my child to play ball in the Rockford Recreatequested pop/water/Gatorade assigned to the team on who					
	•				
By signing below, I the parent/guardian of the above named applicant, give my passume all risk and hazards incidental to such participation including transportating indemnify, and agree to hold harmless the local organizers, sponsors, participant claims arising out of injury to my child whether the result of negligence or for an	ion to and from the activities and do here by waive, release, absolve, ts, coaches, and persons transporting my child to or from activities, fo				
Please follow us on Facebook and					
The Rockford Recreation Association does i You must supply and have your child wea					
	e: S M L ADULT shirt size: S M L XL				
ADDRESS	CITY, ST., ZIP				
PHONEEMERGENCY					
NAME D.O.B GRAI	DE AGE ON CUTOFF MALE/FEMALE (circle one)				
** AFTER TEAMS ARE CHOSEN, THERE WILL BE NO REFUNDS FO	R APPLICATIONS (WITH MEDICAL EXCEPTIONS) **				
Been a pitcher before?	rolly boys. Calliot be 10 by August 1, 2023				
Has your child: Been a catcher before?	Pony Girls: cannot be 16 by December 31, 2025 Pony Boys: cannot be 16 by August 1, 2025				
For Farm, Travel and Pony leagues only:	Travel Girls: cannot be 13 by January 1, 2025 Travel Boys: cannot be 13 by August 1, 2025				
 □ Pony League Girls (age 13-15) registration fee is \$50.00 per gi □ Pony League Boys (age 13-15) registration fee is \$50 per boy 	rl Farm Girls: cannot be 11 by July 1, 2025 Farm Boys: cannot be 13 by April 30, 2025				
☐ Travel League Girls (age 11-12) registration fee is \$45.00 per a ☐ Travel Boys (age 11-12) registration fee is \$45.00	girl AGE REQUIREMENTS:				
☐ Farm League Girls (age 8-10) registration fee is \$45.00 per gir ☐ Farm League Boys (age 8-12) registration fee is \$45.00 per bo	·I Name:				
☐ T-ball (age 4-6) registration fee is \$35 per child ☐ Coach pitch league (age 6-8) registration fee is \$35.00 per child	. Check Here if Interested in Coaching				

Drop off at Rockford Village Office (Please use the after hours drop box)

Write "Rockford Rec" on the envelope when delivering to the Village Office

Mail to: Rockford Recreation - PO Box 16 - Rockford, OH 45882

REGISTRATION DEADLINE IS MARCH 15th!!

All registrations received after March 15th, will be charged a \$20.00 late fee.

www.rockfordrec.com Rockford Recreation Association

		EMERGENC	Y MEDI	CAL CO	NSENT	FORM		
Child's Name							Male / Female	
Date of	Birth					•		
Chronic Illnesses or Conditions		ons						
Allerg	ies							
Current Medications								
Date of last Tetanus Shot		ot						
Medical Information								
		1	Parent In	formation	า			
	Name		Tele	ohone	Employer		Work Phone	
Mother								
Step-Father								
Father								
Step-Mother								
Other Emergency Contact								
			Medical	Providers				
			Name	Name			Telephone	
Physician								
Dentist								
Medical Specia	list							
Hospital								
		Medical	Insuranc	e Inform	ation (op	tional)		
Medical Insurance Provider Member #		#	Group #			Telephone		
are may become ur ersonnel and accor	nnecessarily mpany your	delayed. In the ever child to the hospital,	nt of a medico /clinic so that	ıl emergency, medical trea	this form s tment can	hould be pro be rendered.	sent to medical authorities, vided to responding medical 1) the administration of any	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian:	Sianature date:
Parent/Guaraian:	Sianature date: