

Shippensburg Community Parks and Recreation Authority
677 Orrstown Rd, Shippensburg, PA 17257
717-530-0261
www.shippensburgparkandrec.org
office@shippensburgparkandrec.org



Registration Form: Suburban Baseball and Softball

Player Name: _____ Phone: _____

Address: _____

Parent Name: _____ Email: _____

Parent Name: _____ Email: _____

Secondary Phone: _____

Health Insurance Company: _____

List Any Medical Notes (ex. Inhaler): _____

DOB: ___/___/___ Select: ___Baseball or ___Softball

Division: ___8U ___10U ___12U ___14U ___18U

Previous Coach: _____

Shirt Size: ___YS ___YM ___YL ___YXL ___AS ___AM ___AL ___AXL ___A2XL

Code of Conduct: All parents, participants, and volunteers shall sign and abide by all the defined rules of conduct listed on the Code of Conduct.

SCPRA Rules and Regulations: All parents, participants, and volunteers will abide by all rules and regulations listed on the Shippensburg Community Parks and Recreation Authority Rules and Regulations. (listed on website)

I/We, the parents/guardians of the above participant, give consent to participant to participate in any and all SCPRA baseball/softball activities during 2018. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, except to the extent and in the amount covered by accident of liability insurance. I/We also agree to furnish a certified Birth Certificate if requested by SCPRA and/or the Chambersburg Suburban League.

Signature _____

Date: ___/___/___