

**ABSOLUTELY NO REQUEST FOR ANY AGE GROUP!!!!**

**For Office Use Only:**

Registration Paid: \_\_\_\_\_

Insurance Purchased: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Amount Owed: \_\_\_\_\_



Age: \_\_\_\_\_

**Baseball: as of April 30**

**Softball: as of Jan 1<sup>st</sup>**

Age Group: \_\_\_\_\_

Sibling: \_\_\_\_\_

Sport: \_\_\_\_\_

**Circle One:**

First Time Participant  
At Seneca Rec.

Returning Participant  
At Seneca Rec.

Child's Name: \_\_\_\_\_

(First)

(Middle)

(Last)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Shirt Size: (Check One)**

YXS(4-5): \_\_\_\_\_ YS(6-7): \_\_\_\_\_ YM(8-9): \_\_\_\_\_ YL(10-12): \_\_\_\_\_ YXL(14-16): \_\_\_\_\_

AS: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_ Other: \_\_\_\_\_ **\*\*Sizes may vary\*\***

*Do you live inside  
the city limits of  
Seneca:*

**Pant Size: (Check One)**

YXS(4-6): \_\_\_\_\_ YS(7-8): \_\_\_\_\_ YM(9-10): \_\_\_\_\_ YL(11-12): \_\_\_\_\_ YXL(13-14): \_\_\_\_\_

AS: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_ Other: \_\_\_\_\_ **\*\*Sizes may vary\*\*** No: \_\_\_\_\_

Yes: \_\_\_\_\_

**Insurance Information and Insurance Release Form**

The Seneca Recreation Department requires each child to be covered by insurance. If you have insurance please provide the following information:

Agency Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If you do not have insurance, you **MUST** purchase the listed insurance program offered by the Seneca Recreation Department at a cost of \$6.00 a year. **\*\*It has been explained to me that I have the option to receive insurance for my child during his/her specified activity with the Seneca Recreation Department. My signature below confirms this:**

- I accept the offered supplemental insurance (\$6) \_\_\_\_\_
- I reject the offered insurance since I have proper coverage on my child \_\_\_\_\_

**Please Read Disclaimer before Signing**

I, parent or guardian of the above participant hereby give approval to his/her participation including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless all persons responsible for injury or death. I shall also agree to hold harmless City of Seneca, the employees or program volunteers liable for same. I agree to grant permission to managing personnel or physician, hospital or medical clinic should the participant become ill or injured while participating in Department activities. I also agree to abide by the rules and regulations adopted by the Department in the best interest of my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**No registrations taken by phone or fax – First time sign-ups must have a copy of their birth certificate!!**