

CITY OF FOLEY SOFTBALL REGISTRATION 2021

February 1st – February 12th
 Register by February 5th to receive a \$5 discount.
 Late Registration will be accepted February 15th – 17th – a \$10.00 late fee will be added

HAS YOUR CHILD EVER PLAYED SPORTS WITH THE FOLEY RECREATION DEPARTMENT? Yes No
If you answered NO, you must have a copy of your child's birth certificate in order to register them.

PLAYER'S NAME: _____ GENDER (circle): M F
 (As it appears on birth certificate)

NAME AS IT SHOULD APPEAR ON TROPHY: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Have you moved since you last registered your child for sports? Yes No

Player's Date of Birth: ____/____/____ Age on JAN 1, 2021: ____ Guardian's Name: _____

Home Phone: _____ Cell: _____ Email: _____

If interested, please circle one: COACH ASST COACH TEAM SPONSOR: _____

PLEASE CIRCLE AGE GROUP (Based on age as of January 1, 2021)

6U Tee Ball (ages 5 & 6) \$65 8U Girls Coach Pitch (ages 7 & 8) \$75 10U Girls (ages 9 & 10) \$85
 12U Girls (ages 11 & 12) \$95 16U Girls (ages 13 – 16) \$100

PLEASE CIRCLE ONE SHIRT AND ONE PANT SIZE

<u>SHIRT</u>	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)		Adult S	Adult M	Adult L	Adult XL	Adult XXL	Initials to confirm sizes
<u>PANTS</u>	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)	Youth XL	Adult S	Adult M	Adult L	Adult XL	Adult XXL	
<u>SOCKS</u>	Small	Medium	Large							

How many years played: _____ Previous Coach's Name: _____

Currently playing travel ball: YES or NO Ever played travel ball: YES or NO How many years? _____

Please list any relevant medical conditions: _____

Special requests (if required): _____

***Please note requests are not guaranteed for coaches, teammates, sponsorship, etc.**

Parental/Guardian Release Agreement

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the baseball program sponsored by the City of Foley. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this softball program. I hereby agree to indemnify and hold harmless the employees of the City of Foley, the Officials, Coaches, and any Other Person affiliated with the City of Foley Softball program for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the City of Foley Softball program, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. Participation in this program constitutes permission to use likeness in promotional materials. I also certify that the date of birth listed above is correct.

The undersigned has read and understands all of this document as evidenced by his/her signature.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOLEY SOFTBALL & BASEBALL COVID-19 PROTOCOLS

Parents, Players, and Spectators

The protocols listed in this document are required to be followed during all Foley Recreation Sports at all times. Policies are subject to change as we continue to find the safest practices with our partnering cities.

ILLNESS PROTOCOL

- **Everyone should stay at home if they are ill or not feeling well or cannot pass the symptoms test below.**
- Parents, players, and coaches must be prepared to answer the following questions:
 - Have you been in close contact with a confirmed case of COVID-19?
 - Are you or someone in your family experiencing a cough, shortness of breath or sore throat?
 - Have you or someone in your family had a fever in the last 48 hours?
 - Have you or someone in your family experienced new loss of taste or smell?
 - Have you or someone in your family experienced vomiting or diarrhea in the last 24 hours?
- **Parents and guardians are required to monitor fevers, reports of illness or exposure, sneezing, coughing, excessive runny noses and notify the coach.**

SOCIAL DISTANCING

- Bleachers will be provided in which all spectators must socially distance.
- No gatherings, congregations, or parties after games and practices in the parking lots.
- Parents/spectators and players must leave once practice and game has ended.
- Only attend practices and games for your own child(ren) only.
- **Parents or spectators are not allowed to approach the fields or dugouts unless instructed by coordinator.**
- All players, coaches, and spectators must be completely off fields before the next teams may enter.

PERSONAL PROTECTIVE EQUIPMENT (PPE)/ MASKS

- **Spectators 8 years of age and older** are required to wear a mask, or other face coverings that cover both the nose and mouth, when entering and exiting the park, visiting the concessions or restrooms, or when in big groups/crowds that contain non-family members. Masks can be removed when sitting and social distancing only. Children 7 & under are not required to wear masks.

PERSONAL SANITIZATION

- **No shared team coolers, drinks, snacks.** Players are required to bring their own water bottles with names on it.
- Avoid general physical interaction such as hugging, high-fives, fist pumps, or passing objects by hand.
- Players should use their own gloves, helmets and bats as much as possible.
- All players' clothes and equipment should be washed and sanitized after each use.

I have read, understand, and agree to comply with the FOLEY BASKETBALL COVID-19 PROTOCOLS as outlined above.

Printed Name

Signature

Date

Parental Code of Conduct

I will provide positive support, care, and encouragement for my child participating in youth sports.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.

I will place the emotional and physical well-being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all City of Foley events.

I will inform the coach of all injuries, special medical conditions (such as asthma), or extenuating circumstances (such as a family crisis) that may affect the player.

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.

I will be sure that my child is available for most practices and games. If I know my child is unable to attend a practice or game, I will give the coach advance notice to enable proper planning.

I will explain this code of conduct to all fans who I invite to the game to ensure that they are aware of the Parent Code of Conduct.

Foley Recreation recognizes the importance of utilizing the internet and social media for communication including opportunities for improving our youth sports. We request everyone maintain a positive, supportive and knowledgeable dialogue about Foley Recreation, its coaches, umpires and players through social media. If you have concerns about our league, please contact us and allow us an opportunity to address any concerns

Signature

Date

Printed Name

OFFICE USE ONLY

Date: _____ Amount Paid: \$ _____ Cash or Check #: _____ Receipt #: _____

Employee's Initial