

**R.A.P.T.O.R.S.**  
**2019 Special Needs Baseball Registration**

\*Name \_\_\_\_\_ \*Phone \_\_\_\_\_  
          First                                  MI                                  Last

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

\*D.O.B. \_\_\_/\_\_\_/\_\_\_    Playing Age \_\_\_\_\_ \*Disability: \_\_\_\_\_  
\* o Male o Female                      {as of now}

School \_\_\_\_\_ Grade \_\_\_\_\_

\*Father \_\_\_\_\_ \*Phone W \_\_\_\_\_ Cell \_\_\_\_\_

\*Mother \_\_\_\_\_ \*Phone W \_\_\_\_\_ Cell \_\_\_\_\_

\*E-Mail (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

\*Shirt: o YXS o YS o YM o YL o AS o AM o AL o XL o XXL                      HGT \_\_\_'\_\_\_"                      WGHT \_\_\_\_\_  
\*Pants: o YXS o YS o YM o YL o AS o AM o AL o XL o XXL                      Bats o R o L o S                      Throws o R o L

Interested in Coaching? (check if parent interested in head coach & **fill out separate coaching application**)

\*Check one:     Playing now - RAPTORS                       Never Played Before

Medical : Please list any additional information to share that will assist in helping us work better with your child.

Alerts / \_\_\_\_\_  
Issues \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Required fields**

**WAIVER:** I, parent or guardian of the above named candidate, hereby waive all claims against the City of Hendersonville, the Parks Department, and any other personnel involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the above participant becomes ill or injured when neither parent or guardian is available to grant authorization for emergency treatment. I also certify that all information on this form is true. I understand that misrepresentation could result in suspension from the program.

I have read and understand all information outlined on this form and the League Information Sheet. I understand that there will be no refunds once uniforms have been ordered. I agree to adhere to all rules of the league and all terms of all information regarding this league. I understand that I owe an additional fee if I do not reside in the city limits of Hendersonville.

\_\_\_\_\_  
*Parent or Guardian Signature*                                      *Relationship*                                      *Date*

Entry Fee                \$ 25  
Non-Resident        \$ 5 (add if out of city limits)  
Returned Chk        \$ 20

**Please make checks payable:**  
City of Hendersonville  
101 Maple Drive North  
Hendersonville, TN 37075

-----Office Use Only-----

Fee Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Parks Dept. (initials) \_\_\_\_\_ Date \_\_\_\_\_