

PALATINE COMMUNITY BASEBALL & SOFTBALL

SOFTBALL 2025 REGISTRATION FORM

pcbs.fun

Past Participant (PCBS)

New Participant

PLEASE PRINT ALL INFORMATION

Participant's Last Name: _____ First: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

School/Current Grade: _____

Parent Contact Name: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Remove me from the PPD notifications list

Additional Parent Contact Name: _____ Cell Phone: _____ Email: _____

Participates in other spring sport/activity? Yes Which? _____

Additional family member(s) playing in PCBS? Name: _____ League: _____

Note: each player needs a separate registration form

Please contact me regarding sponsoring a Team Yes No

Parent Participation Choices Head Coach Assistant Coach Parent Volunteer Size Preference _____

ADA Need Accomodations Inclusion services through NWSRA needed for participant? Yes No

PNO			
FOR OFFICE USE ONLY			
CA	CK	CG	ID
OD	FHS	PHS	SCH
Proof of Residency			
ID	OD	HS	Code: _____
Processed by: _____		Date: _____	
Checked by: _____		Date: _____	
Batch # _____			

REGISTRATION INFORMATION

Check off the appropriate league and circle the appropriate fee per division

GIRLS SOFTBALL	Current Grade Level for 2024-2025 School Year	EARLY FEE/DATE	FINAL FEE/REGISTRATION DEADLINE
<input type="checkbox"/> 201030-01	Juniors	1st-2nd Grade (6-8 years)	\$195/February 2
<input type="checkbox"/> 201030-02	Minors	3rd-4th Grade (8-10 years)	\$245/February 2
<input type="checkbox"/> 201030-03	Majors	5th-6th Grade (10-12 years)	\$245/February 2
<input type="checkbox"/> 201030-04	Varsity	7th-8th Grade (12-14 years)	\$245/February 2
<input type="checkbox"/> 201030-05	High School	9th-12th Grade (14-18 years)	\$245/April 1

Additional Child Fee: deduct \$25 per additional child **Discount not applicable to Women's Division.

First Name Last Name (Select one) _____ Number Choice: (pick 2) _____, _____

Youth S (5-7) Chest 26-28in
 Youth M (8-10) Chest 28-30in
 Youth L (12-14) Chest 30-32in
 Youth XL (16-18) Chest 32-34in
 Adult S Chest 34-36in
 Adult M Chest 38-40in
 Adult L Chest 42-44in
 Adult XL Chest 46-48in
 Adult 2XL Chest 50-52in

THIS SECTION MUST BE COMPLETED FOR ALL PARTICIPANTS

RELEASE AND HOLD HARMLESS WAIVER

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. Additionally participation includes possible exposure to, and illness from infectious diseases including but not limited to MRSA, and influenza. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Additionally, I and my minor child/ward understand our responsibility for adhering to the rules and regulations for protection against communicable diseases and agree to follow current guidelines and recommendations to mitigate these risks for ourselves and other participants while engaged in Park District programs or on Park District property. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries or illnesses you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages, illnesses and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. **EMERGENCY TREATMENT:** A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. **TO WHOM IT MAY CONCERN:** As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

Signature: _____ Relationship to Participant: _____

Emergency Name: _____ Emergency Phone: _____

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of: _____

REGISTRATION OPTIONS (Payment Options)

- **ONLINE** (Credit Card or Gift Card): To register online, visit palatineparks.org. Online registration is not available for some classes.
- **WALK-IN** (Cash, Check, Credit Card, Gift Card): Registration forms are processed in real time at Community Center, Birchwood Recreation Center, and Falcon Park Recreation Center.
- **MAIL** (Check only): Mail forms and payment to Palatine Park District, Registration, 250 E. Wood Street, Palatine, IL 60067. Make checks payable to Palatine Park District.
- **DROP-OFF** (Check only): Place registration forms and payment in an envelope and drop off at Community Center, Birchwood Recreation Center, or Falcon Park Recreation Center. Outdoor drop boxes are accessible 24 hours a day.