

**2010 Player Registration**  
**Northcoast Athletic Club, Inc.**  
3315 Teresa Ct., Perry, OH 44081

Players Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of Jan. 1, 2010 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Mothers email: \_\_\_\_\_ Preferred email?  yes  no  either

Fathers Name: \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Fathers email: \_\_\_\_\_ Preferred email?  yes  no  either

**Divisions are as follows, based on players' age as of January 1<sup>st</sup>**

Fastpitch: 10u 12u 14u 16u 18u 23u (Circle Division)

Would you be willing to manage, coach or assist  yes  no  other \_\_\_\_\_

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**ADDITIONAL EMERGENCY CONTACT**

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have any allergies  no  yes \_\_\_\_\_

Does your child have any medical conditions  no  yes \_\_\_\_\_

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**Please note: Northcoast Athletic Club, Inc. does not carry medical insurance on participants or spectators in the program. It is the responsibility of the individual to secure medical treatment if so desired. Any questions, please call Jeff Kline 440.358.0664**

I hereby waive and relinquish any and all claims and / or causes of action what so ever against Northcoast Athletic Club, Inc. and all personnel associated with the organization, direction and supervision of Northcoast Athletic Club, Inc. programs. I likewise wave all claims demands and / or causes of action against any person transporting the above named person to any league activity. In case of a recovery of monetary judgment awarded to me as a result of participation in the Northcoast Athletic Club, Inc., program, its employees, agents, and any and all personnel associated with the programs of Northcoast Athletic Club, Inc. I hereby agree to reimburse Northcoast Athletic Club, Inc., its employees, agents and any and all personnel associated with the Northcoast Athletic Club, Inc. program of any monetary award which may be determined concerning claim as a result of participation in any Northcoast Athletic Club, Inc. activity.

In case of an emergency, I give coaches, and / or supervisors of Northcoast Athletic Club, Inc. the permission to take my child to the emergency room of a hospital for treatment.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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For Office Use Only

Birth Certificate Validation:  yes  No Payment Received:  yes  no Amount: \_\_\_\_\_

Copy on file with Secretary:  yes  No Payment Method:  check  cash  money order Check no. \_\_\_\_\_