

# Baseball / Softball - 2022

## Sign Up / Permission Slip

Join our Facebook page "Corinth (Maine) Recreation" to stay informed of events and schedules.

**SIGNUP DEADLINE FOR BASEBALL AND SOFTBALL IS 4/8/22**

**(forms returned after this date are not guaranteed a roster spot)**

**ONE FORM PER CHILD**

Please complete info below as requested and return completed form to the Corinth Town Office. Children will be placed in appropriate age divisions. Kids from Pre-K thru age 12 (not 13 before 5/1/22 for baseball) and 6<sup>th</sup> grade for softball are eligible to play. Non-residents who want to play Little League (10 or older) or softball can also signup (farm league age children will play for their own town). There is a \$25 fee for non-residents and is payable to Town of Corinth with the permission slip.

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

Male/Female (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of today) Date of Birth: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell)

Street Address \_\_\_\_\_

P.O. Box: \_\_\_\_\_, \_\_\_\_\_, ME, \_\_\_\_\_  
(Town) (Zip Code)

Yes, I am interested in the following: \_\_\_\_\_ Concession stand helper \_\_\_\_\_ Coaching  
\_\_\_\_\_ Asst. Coaching \_\_\_\_\_ Umpire (Plate or Field)

### Medical Information:

Doctor's Name: \_\_\_\_\_ DR's Telephone #: \_\_\_\_\_

LIST ANY KNOW ALLERGIES OR MEDICAL CONDITIONS:

EMERGENCY CONTACT (other than parent): Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

EMERGENCY CONTACT'S RELATIONSHIP TO CHILD: \_\_\_\_\_

I give my son/daughter \_\_\_\_\_ permission to play on a Corinth Recreation Baseball/Softball team. I understand that even with proper safeguards, there is a potential for injury and I will not hold the Town of Corinth or coaches liable. In the event of a medical emergency, if a parent or legal guardian is not present, I give the Town of Corinth and its representative's permission to administer first aid and /or call an ambulance for treatment and transport to a hospital. I understand that efforts will be made to contact me and/or the emergency contact person noted above if an ambulance is called. **To be eligible to participate in all or any Town of Corinth recreation programs including summer recreation, the child must be living with a parent or legal guardian with a physical address in the Town of Corinth at the time of deadline on the given permission slip.**

\_\_\_\_\_  
PRINTED PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DROP OFF OR MAIL TO: BASEBALL/SOFTBALL PROGRAM, CORINTH TOWN OFFICE ~ P.O. BOX 309 ~ CORINTH, ME 04427  
PLEASE LET THE TOWN OFFICE KNOW IF YOU NEED TO BE REMOVED FROM THE REC MAILING LIST