



**\$40**

PER PLAYER

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CITY OF HOT SPRINGS SPORT RECREATION

# YOUTH SOFTBALL - FALL

REGISTRATION FORM

**DEADLINE: August 2, 2019**

Player Name _____	School _____	OFFICE USE ONLY DATE: STAFF: PAID: METHOD: OFFICE USE ONLY
D.O.B. _____ AGE _____	Phone _____	
Guardian Name _____	Email _____	
Address _____	City/State/Zip _____	
Requested Team, Player, or Coach's Name _____		
Are you interested in coaching or volunteering? (Circle One) YES NO		

**4-6 Year Old Coach Pitch/T-Ball (COED) Games will be played on Monday nights**

**GAMES WILL START August 26, 2019 and run for 8 weeks**

SUPPLEMENTAL INSURANCE IS AVAILABLE TO ALL PLAYERS AND COACHES THROUGH ASA FOR \$12.00 PER YEAR, WITH A \$250 DEDUCTIBLE COVERING UP TO \$250,000 IN ACCIDENTAL INSURANCE COVERAGE. FOR MORE INFORMATION GO TO WWW.ARASA.ORG.

By submitting this form I agree to save, defend, and hold harmless the City of Hot Springs, its elected and appointed officials, employees, agents, and volunteers from any and all claims arising from the participation of any activities offered by the City of Hot Springs.

**THERE ARE SEVERAL WAYS TO REGISTER YOUR PLAYER FOR LEAGUE!**

- 1) Fill out this form and mail it along with your payment to City of Hot Springs Sport Recreation, P.O. Box 700, Hot Springs, AR 71902
- 2) Fill out this form and bring it along with your payment to 111 Opera Street, Suite A, Hot Springs, AR
- 3) Fill out this form and email it to parktrl@cityhs.net and call 501-321-6871 to pay with a credit card.

**AVAILABLE PAYMENT METHODS**

CASH, CHECK (please make all checks payable to City of Hot Springs), CREDIT/DEBIT CARD

YOUR REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED.

**Sport Recreation Manager: Adam Ussery Phone: 501-651-7740 • Email: [aussery@cityhs.net](mailto:aussery@cityhs.net)**