

736 Spotters Ct. Hampstead, MD 21074 410.259.7426 www.ncrchotshots.org

2019/2020 Registration Form or register at stonealley.com

Players Full Name			_ DOB		
Address			_Phone		
			_ Email		
Parents/Legal Guardians					
AGE GROUP	FEE	\$5 NCRC DISCOUNT		SUBTOTAL	
6U (Clinic)	\$50		=		
8U Rec	\$150		=		
10U Rec	\$150		=	_	
10U CML / Travel	\$350		=	_	
12U Rec / CML	\$350		=		
12U CML/Tournament	\$550	- 0 -	=		
14U CML/Travel	\$550	- 0 -	=		
14U Tournament	\$750	- 0 -	=		
16U Tournament	\$750	- 0 -	=		
18U CML/Tournament	\$550	- 0 -	=		
18U Tournament/Showcase	\$750	- 0 -	=		
Adult Team	\$300	- 0 -	=		
DEPOSIT	\$200	- 0 -	=		
Fundraiser Sales Exemption (Travel)	\$100	- 0 -	=		
Fundraiser Sales Exemption (Rec)	\$50	- 0 -	=		
		Family Discount (per player)	(\$25)		
			TOTAL DUE	<u>.</u>	
Uniforms - Tournament players will need to Please make checks payable to: HotShots F	-	•	-		
Date Check # Ca	ısh	Amount	NCRC Me	mber #	
the undersigned parent or legal guardian, do hereby authorize and consequences involved in this sport and that physical injuries may occur that ospitalization insurnace for any players and hereby waive any claims again while participating in the program. I give my consent and authorize a represent of the event that I am not present or am unable to be notified by a result of medical care and treatment provided for my child. Players were to prevent harm to all players. I understand that registration fees are non-refundable. Each team is eams are required to participate in two, and Rec teams are required to equired fundraisers has an "opt-out" option by paying the \$100 fee listed egistration dues paid in full and does not exempt you from working the II players to determine balanced teams.	requires minst the teal esentative of reasonable will be evaluated to participated on the required to the requ	edical care and treatment. I acknowled im, coaches, HotShots organization, or of HotShots, on behalf of my child and me means, I understand that I will be respirated by the HotShots Coaching Common help at 1 tournament concession state in one mandatory organization funcegistration form with their full registra	dge that the coach other affiliated stanyself, to obtain emponsible for all medittee and placed with will be as draiser. Anyone witon fee. The exemptor other and the coach and the coac	nes and staff do not pro off for any injuries that me nergency medical care ar lical bills and costs that in ithin their respected age ssigned by the coaches. anting to exempt them option option requires y	vide medical o lay be sustained and treatment fo may be incurred group and skil All tournamen selves from the ou to have you
Signature of Parent or Legal Guardian)		(Date)			

NCRC HOTSHOTS FASTPITCH SOFTBALL

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Check here if the registrant has any allergies, allergic reactions to any medications, or has any medical condition that requires special treatment. Describe these fully on this form.
Please list any allergies, allergic reactions to any medications or any medical conditions of your child. Describe fully.
Please list any other spring sports and/or activities that your child is involved.

The NCRC HotShots Fastpitch is generously sponsored by:

Greenmount Station, Passauer & Miller Insurance, Inc., Margaret Knill, American Legion, PSJ Orthodontics, Estes Environmental, Inc., Nathanson Dental, Ridge Engineering, Penguin Random House, Outlaw BBQ Smokehouse, Al's Barbershop, Brothers Pizza, Palamone Chiropractic, Steve & Susan Isensee, Naylor, Thomas, Bennett & Hunter, Inc.



The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities and facilities. Anyone requiring an auxiliary aid or service for effective communication, or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978, or MD Relay 7-1-1/1.800.735.2258, as soon as possible but no later than 72 hours before the scheduled event.

