



# NCRC Hot Shots Fastpitch Softball

736 Spotters Ct, Hampstead, MD 21074 Phone # (410) 259-7426 [www.ncrchotshots.org](http://www.ncrchotshots.org)

## 2017 Registration Form

Players Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents/Legal Guardians \_\_\_\_\_,

<u>AGE GROUP</u>	<u>FEE</u>	<u>\$5 NCRC Discount</u>		<u>Total</u>
6U (Clinic)	\$50	_____		_____
8U (Mason Dixon)	\$150	_____		_____
10U (Mason Dixon)	\$160	_____	=	_____
10U CML/Tournament	\$500	_____	=	_____
10U Tournament	\$700	-0-	=	_____
12U (Mason Dixon)	\$160	_____	=	_____
12U CML/Tournament	\$500	_____	=	_____
12U Tournament	\$700	-0-	=	_____
14U (Mason Dixon)	\$160	_____	=	_____
14U CML/Tournament	\$500	-0-	=	_____
14U Tournament	\$700	-0-	=	_____
16U CML/Tournament	\$500	-0-	=	_____
16U Tournament	\$700	-0-	=	_____
18U CML/Tournament	\$500	-0-	=	_____
18U Tournament/Showcase	\$700	-0-	=	_____
Adult Team	\$400	-0-	=	_____
<i>(Tournament PLAYERS ONLY) EARLY BIRD SPECIAL -- PAY ENTIRE FEE BY SEPTEMBER 30 = \$25 off</i>				
FAMILY DISCOUNT -- \$25 off per Player				
<b>FUNDRAISER SALES EXEMPTION -- \$100 Fee</b>				
<b>Total Due</b>				_____

**Uniforms – Tournament players will need to provide 2 pairs of pants w/ Hot Shots providing other attire**

**Please make checks payable to: Hot Shots Fastpitch and mail to: 736 Spotters Ct, Hampstead, MD 21074**

Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_ NCRC Member # \_\_\_\_\_

I, the undersigned parent or legal guardian, do hereby authorize and consent to my daughter's participation in the Hotshots Fastpitch softball program. I understand there are potential dangers involved in this sport and that physical injuries may occur that require medical care and treatment. I acknowledge that the coaches and staff do not provide medical or hospitalization insurance for any players and hereby waive any claims against the team, coaches, Hot Shots organization, or other affiliated staff for any injuries that may be sustained while participating in the program.

I give my consent and authorize a representative of the Hotshots, on behalf of my child and myself, to obtain emergency medical care and treatment for my child in the event that I am not present or am unable to be notified by reasonable means. I understand that I will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment provide for my child.

Players will be evaluated by the Hotshots Coaching Committee and placed within their respected age group and skill level to prevent harm to all players.

**I understand that registration fees are non-refundable and that each team is required to help at 1 tournament concession stand which will be assigned by the coaches. Also, all tournament teams are required to participate in two, and Rec. Teams are required to participate in one mandatory fundraiser which is excluded from \$100 fee listed above, e.g., Crab Feast Tickets/Raffles. Rec teams will be balanced out after evaluations are done.**

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

**The NCRC Hot Shots Fastpitch is generously sponsored by:**

Fitzgerald Financial Group, RE-Steel Supply Co., Inc., Penquin Random House  
iMEDesign, Explosive Experts, Melinda's Beauty Salon, Old Town Grill,  
Scott, Pitrone, Sorkin, and Jarvis Orthodontics, Greenmount Station,  
Cornfusion at Showvakers Quality Evergreens



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Check here if the registrant has any allergies, allergic reactions to any medication, or has any medical condition that requires special treatment. Describe these fully, on this form below.

**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.**

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