



H.E.R.S 2025 Travel REGISTRATION FORM

\$50.00 Spring Season \$50.00 Fall Season

Checks payable to H.E.R.S

Registration form must be filled out in **PRINT, Clearly & Completely**

Season:

Spring: (March-June)

Fall (August-October)

Players Full Name: _____

Birthdate: _____/_____/_____ **Current Age:** _____

(Copy of Players Birth certificate required to be turned in prior to the first game of the season)

Players Uniforms (Please Fill Out Other Side)

Contact Information

Parent/Guardian Name: _____

Address: _____

Phone: (_____) _____ - _____

Email (required): _____

Additional Parent/Guardian Name: _____

Phone: (_____) _____ - _____

Email (required): _____

Permission and Waiver

I, the parent or legal guardian of my child, hereby grant permission for her to participate in all activities organized by H.E.R.S during the designated playing season(s). I acknowledge and accept all risks and hazards associated with participation, including transportation to and from these activities. I release, waive, and agree to indemnify and hold harmless the H.E.R.S organization, its sponsors, supervisors, commissioners, participants, and those providing transportation for my daughter(s) from any claims related to accidents or liability insurance. Additionally, I recognize that the H.E.R.S league provides Excess Medical Liability Insurance for each participant. I understand that by allowing my child to engage in H.E.R.S activities, there is a possibility of contracting Covid-19 or other illnesses, and I acknowledge that H.E.R.S is not responsible for any such occurrences.

I, the parent or legal guardian of my child(ren) participating in H.E.R.S, acknowledge that a voluntary deposit of \$50.00 will be part of the registration fees. This deposit must be made by check only. I understand that if I do not complete a total of 4 volunteer hours during the season, H.E.R.S. will retain my deposit. Conversely, if I complete 4 or more volunteer hours, my \$50.00 check will not be cashed.

By signing below, I acknowledge the above statements.

Signature of Parent/Guardian

_____/_____/_____

Date

Volunteers Needed

Please check below if you are interested in volunteering for any of the following activities:

_____ Umpiring: **Contact Name** _____ **Contact Number** _____

_____ Concession Stand: **Contact Name** _____ **Contact Number** _____

\$50.00 volunteer deposit is required. Will be refunded after 4 hours have been completed.

Jersey Size

<input type="checkbox"/> YXS	<input type="checkbox"/> AXS
<input type="checkbox"/> YS	<input type="checkbox"/> AS
<input type="checkbox"/> YM	<input type="checkbox"/> AM
<input type="checkbox"/> YL	<input type="checkbox"/> AL
<input type="checkbox"/> YXL	<input type="checkbox"/> AXL
<input type="checkbox"/> Other _____	<input type="checkbox"/> A2XL

Hoodie Size

<input type="checkbox"/> YXS	<input type="checkbox"/> AXS
<input type="checkbox"/> YS	<input type="checkbox"/> AS
<input type="checkbox"/> YM	<input type="checkbox"/> AM
<input type="checkbox"/> YL	<input type="checkbox"/> AL
<input type="checkbox"/> YXL	<input type="checkbox"/> AXL
<input type="checkbox"/> Other _____	<input type="checkbox"/> A2XL

Pant Size

<input type="checkbox"/> YXS	<input type="checkbox"/> AXS
<input type="checkbox"/> YS	<input type="checkbox"/> AS
<input type="checkbox"/> YM	<input type="checkbox"/> AM
<input type="checkbox"/> YL	<input type="checkbox"/> AL
<input type="checkbox"/> YXL	<input type="checkbox"/> AXL
<input type="checkbox"/> Other _____	<input type="checkbox"/> A2XL

Jersey/Hoodie #
Pick Top 4

Pick 1 _____

Pick 2 _____

Pick 3 _____

Pick 4 _____

Not all items will be available for every team. Availability is contingent upon each division having a sponsor.
All Divisions will receive a jersey.

Commission Use ONLY

<input type="checkbox"/> CASH _____	<input type="checkbox"/> CHECK# _____	<input type="checkbox"/> Venmo/Cash App	<input type="checkbox"/> Volunteer Deposit
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