

Walkin'Roll Activities League, Inc.

PRESENTS OUR 32nd - T-Ball Season



Samuel Davis Field- 730 3rd St SW - Hickory, NC 28602

Saturday, March 14th	10:00-11:00 Braves/Rockies 11:00- 12:00 Rangers/Crawdads
Saturday, March 21st	10:00-11:00 Rockies/Braves 11:00-12:00 Crawdads/Rangers
<u>Saturday, March 28th</u>	10:00 -11:00 Braves/Rockies 11:00-12:00 Rangers/Crawdads
(**Easter Egg Hunt- Bring 2 dozen plastic eggs with goodies inside)	
**April 5 th - Easter	
Saturday, April 4th	10:00 -11:00 Braves/Rockies 11:00-12:00 Rangers/Crawdads
Saturday, April 11th	10:00 -11:00 Rockies/Braves 11:00 -12:00 Crawdads/Rangers
Saturday, April 18th	10:00-11:00 Braves/Rockies 11:00 -12:00 Rangers/Crawdads
Saturday, April 25th	10:00 -11:00 Rockies/Braves 11:00-12:00 Rangers/Crawdads
Saturday, May 2nd	10:00 -11:00 Braves/Rockies 11:00-12:00 Crawdads/Rangers
Saturday, May 9th	10:00 -11:00 Rockies/Braves 11:00-12:00 Rangers/Crawdads
**May 10 th Mother's Day	
Saturday, May 16th	10:00-11:00 Rockies/Braves 11:00-12:00 Rangers/Crawdads
Saturday, May 23rd - SEASON FINALE ** 9:30 Meet at Crawdad Field	

In case of inclement weather an announcement will be made by 8:00 AM on the day of the game or before if possible. Be sure to check Facebook and our website for updates.

For more information: (828) 446-5106/ (828) 228-0616

*1st and 3rd Friday game nights: 6-8 PM –
202 South Center St- Hildebran, NC 28637



Team _____ Shirt Size _____

Activities League **PLAYER** Form

Child's Name: _____ *Also Known as:* _____

_____ Last First Mi Do you have internet access? ☐ Yes ☐ No
Date of Birth: _____ Age: _____ E-mail Address: _____

Parents/Guardians: _____

Address: _____

Home Phone: _____

Place of Employment: _____ Work Phone: _____

When is the best time to reach you by phone? _____ May we call you at work? ☐ Yes ☐ No

In Case of Emergency, who should be contacted if parent/guardian is not available?

Name: _____ Phone: _____ Relationship: _____

Physician: _____ Phone: _____

Hospital Preference: 1. _____ Phone: _____

2. _____ Phone: _____

Insurance Company: _____ Policy #: _____

Medicaid #: _____ Medicare: _____

Persons authorized to supervise and transport child to and from Walkin' Roll Activities:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Identification will be required if child is picked up by a person other than parent/guardian

To meet the needs of your child more effectively, we need the following information:

Current Medications: _____

Allergies: _____

Does child have any contagious conditions that will require special precautions?

☐ No ☐ Yes, Explain: _____

Does child have:

Mental Retardation ☐ No ☐ Yes, state level: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

Visual Difficulties ☐ No ☐ Yes

Hearing Difficulties ☐ No ☐ Yes

Does Child walk independently? ☐ No ☐ Yes

Ambulation Aids needed: ☐ Wheelchair ☐ Crutches ☐ Walker ☐ Braces ☐ Stroller

Does Child have seizures? ☐ No ☐ Yes, please describe:

How often do seizures occur? _____

How long do seizures usually last? _____

What kind of medication does child take for seizures? _____

What happens before, during, and after a seizure? _____

What special precautions should be taken? _____



Activities League **PLAYER Form**

Does child require help in toileting? ☐ No ☐ Yes, describe how to help _____

Does child require help in eating or drinking? ☐ No ☐ Yes, describe how to help _____

Describe child's communication skills: _____

Describe any behavior problems (such as hitting, screaming, refusing to follow instructions, head banging, destructiveness, showing off, shyness, nervousness, stealing, setting fires, wandering away, temper tantrums, whining, abusive behavior towards self or others, eating inedible objects, etc.) _____

What action do you use for the inappropriate behaviors described above? _____

How do you expect the child's Coach and Buddy to deal with these problems? _____

What rewards do you use for good behaviors? _____

- I certify that above information is accurate to the extent of my knowledge.
- As the parent/guardian of the above named child, I understand that the Walkin' Roll League board, staff, coaches and buddies will only use the above information to effectively assist my child during league activities and that all information will be kept confidential.
- I grant permission for the Walkin' Roll League to provide/obtain medical assistance to my child in the event of an injury during a Walkin' Roll activity.
- I understand that the Walkin' Roll League is not legally liable for injuries and/or illnesses resulting from my child's participation in league activities.
- I am aware that the parent, guardian or a representative arranged and appointed by me must be present during all events relation to league that child attends.

VIDEO-PHOTO RELEASE

I understand that during Walkin' Roll Activities League, Inc. activities, my photograph and/or the photograph of my child may be taken. I understand that my photograph and/or the photograph of my child, including video photography or other reproduction of my likeness or the likeness of my child may be posted online to the organization's website, the organization's facebook page, the organization's brochures, the organization's promotional videos, etc.

I do hereby release the city of Hickory and all Parks and Recreation Staff and their families from any and all claims, damages, or rights of action which my child may at any time have against said city and all such Parks and Recreation Staff members by reason of injury or damage of any type whatsoever which my child may suffer while engaging in the t-ball season. This release is valid during the current t-ball season and will be renewed each year. I release the sponsors, organizers or any of the supervisors appointed by them of any or all liability.

I have read the rules and goals that have been established by Walkin' Roll Activities League, Inc. I will adhere to these guidelines and I will do my best to be an example, to play fair and have fun.

Signature of Parent or Guardian

Relationship to Child

Date