Williams Bay Baseball/Softball Registration Form

PLAYER'S LAST NAME _____PLAYER'S FIRST NAME _____

PLAYER'S PARENTS OR GUARDIANS' NAME _____

PLAYER"S BIRTH DATE: _____ MALE FEMALE

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PLAYER SHIRT SIZE (PLEASE PUT YOUTH OR ADULT):_____

>>CHECK APPROPRIATE DIVISION ACCORDING TO AGE

___ T-Ball (CO-ED 4-6 YR. OLDS) – Fee - $35.00

___ Coach Pitch (CO-ED 6-8 YR. OLDS)–Fee -$35.00

TRAVELING COMPETITIVE BASEBALL & SOFTBALL:

___ 8 Year Old Boys Baseball (AGE AS OF August 31st of current year) – FEE - $35.00

___ 9 & 10 Year Old Boys Baseball (AGE AS OF August 31st of current year) – FEE - $65.00

___ 11 &12 Year Old Boys Baseball (AGE AS OF August 31st of current year) – FEE - $65.00

___ 13 & 14 Year Old Boys Baseball (AGE AS OF August 31st of current year, No HS STUDENTS) – FEE - $65.00

___ 8, 9 & 10 Year Old Girls Softball (AGE AS OF August 31st of current year) – FEE - $65.00

___ 11 & 12 Year Old Girls Softball (AGE AS OF August 31st of current year) – FEE - $65.00

___ 13 & 14 Year Old Girls Softball (AGE AS OF August 31st of current year, No HS STUDENTS) – FEE - $65.00

I hereby release, discharge and or otherwise identify the Williams Bay Recreation Department, its sponsors, employees, coaches and associated personnel, including fields and facilities utilized for the programs, against any claim by or on behalf of the registrant, as a result of the registrants participation in the program and or being transported to or from the same, which transportation, I hereby authorize, I also recognize my claim to a roster position for the registrant is upon 2018 past player precedence then first come first served basis up to a maximum of 15 players per team and the registrant's spot is only reserved if a copy of their birth certificate is presented at registration. As the parent or legal guardian of the above named player. I hereby give consent for emergency medical care, prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependant.

SIGNATURE OF PARENT OR GUARDIAN _____DATE _____

____ I AM WILLING TO HEAD COACH-{NAME} _____ EMAIL _____

____ I AM WILLING TO ASSIST COACH-{NAME} _____ EMAIL _____

Coaching candidates must fill out application. All coaches will be subject to a background check.

Date of Registration: _____ Paid:_____ Check # _____ Cash ____