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 OR 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:

___ 7 & 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

___ 7 & 8 Year Old Girls Softball (AGE AS OF August 31st of current year) – FEE - $35.00

___ 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 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 ____

Birth Certificate Shown ____________