

TRI-TOWNSHIP PARK DISTRICT BASEBALL & SOFTBALL REGISTRATION FORM

First Name Last Name Date of Birth Gender Div. Medical Information

1. _____

2. _____

3. _____

4. _____

Division is determined by the grade your child is **currently registered** in. **PLEASE CIRCLE**

| Grade | Age | Division/League | Player | Grade | Age | Division/League |
|-------|------|---------------------|--------|-------|-------|-----------------|
| PK-K | 4-6 | Tee ball | | 5-6 | 10-12 | Boys A Ball |
| 1-2 | 6-8 | Boys Instructional | | 5-6 | 10-12 | Girls A Ball |
| 1-2 | 6-8 | Girls Instructional | | 7-8 | 12-14 | Boys AA Ball |
| 3-4 | 8-10 | Boys Rookie | | 7-10 | 12-14 | Girls AA Ball |
| 3-4 | 8-10 | Girls Rookie | | 9-12 | 14-18 | Boys AAA Ball |

****A child can be moved up one division on sign-up day only****
MUST BE APPROVED BY BASEBALL COMMITTEE

PLEASE CIRCLE SHIRT SIZE: YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (46-48)
Verify correct shirt size (Samples at Park Office) – Replacement will be at the parents expense if size was not correct

PRIMARY CONTACT INFO: _____ EMAIL _____

ADDRESS/CITY: _____ HOME PHONE: _____ CELL PHONE: _____

SECONDARY CONTACT INFO: _____ EMAIL _____

ADDRESS/CITY: _____ HOME PHONE: _____ CELL PHONE: _____

Request only for Team/Coaches _____

| | | |
|-------------|--|--|
| Basic Fees: | Tee ball Registration | \$ 65.00 |
| | Registration Fee per Child | \$ 70.00 |
| | Registration Fee for AAA | \$ 90.00/Out of Town \$105.00 per player |
| | Late Fee Apply beginning on (04/01/2014) | \$ 20.00 per family |

Make Checks Payable to: **TRI-TOWNSHIP PARK DISTRICT**

TOTAL FEES \$ _____ CASH _____ CK# _____ CC ending in _____

I WANT TO VOLUNTEER: TEAM COACH _____ ASSISTANT COACH _____ SHIRT SIZE _____

ALL COACHES WILL RECEIVE AN AXL SHIRT UNLESS OTHERWISE SPECIFIED.

IF YOU VOLUNTEER, YOU MUST FILL OUT A BACKGROUND CHECK FORM.

I recognized and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damage or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected to or associated with any such programs(s). I waive and relinquish all claims I or my child/ward may have against TRI-TOWNSHIP PARK DISTRICT and its officers, agents, servants and employees as a result of participating in any of the above program(s). I further agree to indemnify, hold harmless and defend TRI-TOWNSHIP PARK DISTRICT and its officers, agents, servants and employees from any and all claims results from injuries, damages, and losses sustained by me or by my child/ward connected with or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release all claims.

Signature of Parent or Guardian

Date

FOR AA & AAA LEAGUE ONLY-Legion Baseball Player Participation:
 (Circle appropriate response) My child is / is not a Legion Baseball Player.
 (Circle appropriate response) My child will / will not be trying out for Legion Baseball.
 If my child does make Legion baseball, I understand my child is no longer eligible to play in the Tri-Township Park District Recreational Baseball League and I will notify the coach of my child's team of my child's Legion player status.

I understand that it is my responsibility to notify the Park Office for a refund. _____ (Parents initials/Date)