

## BOYS BASEBALL - 2017

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Would you like to receive emails? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, email address below:

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Do you currently receive e-mails from us regarding upcoming activities? Yes \_\_\_\_ No \_\_\_\_

_____ <b>THUMPER</b>	T-ball	Ages 5 & 6	Mon & Wed
_____ <b>PEE WEE</b>	Pitching machine	Ages 7 & 8	Tue & Thur
_____ <b>MIDGET</b>	Player pitch	Ages 9 & 10	Tue. & THur.
_____ <b>JUNIOR</b>	Player pitch	Ages 11,12,13	Mon.,Tues,Wed.

Age Deadline: July 20, 2017

If your child needs a larger than normal shirt size, please indicate the size: \_\_\_\_\_

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I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Recreation Dept., its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the Cd'A Recreation Dept., its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

AMOUNT PAID: CITY RESIDENT (\$15) \_\_\_\_\_ NON RESIDENT (\$25) \_\_\_\_\_

LATE FEES: \$5. after May 25.

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WE WILL NEED A VOLUNTEER TO **COACH** BASEBALL. WILL YOU COACH? YES \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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If you want to **SPONSOR** a team, please fill out the following information:

Cost is \$135. Your logo and shirt color choice is due by May 20.

Sponsor Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt color: \_\_\_\_\_ Logo/print color: \_\_\_\_\_

## GIRLS SOFTBALL - 2017

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Would you like to receive emails? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, email address below:

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Best Phone: \_\_\_\_\_

_____ <b>BUNNY</b>	T-Ball	Ages 5 & 6	Mon. & Wed
_____ <b>BANTAM</b>	Pitching machine	Ages 7 & 8	Tues & THur.
_____ <b>LASSIE</b>	Player pitch	Ages 9 & 10	M, T, W, Th
_____ <b>JUNIOR</b>	Player pitch	Ages 11,12,13	M, T, W, Th

Age deadline: July 20, 2017

If your child needs a larger shirt size than normal, please indicate the size: \_\_\_\_\_

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I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Recreation Dept., its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the Cd'A Recreation Dept., its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

AMOUNT PAID: CITY RESIDENT (\$15) \_\_\_\_\_ NON RESIDENT (\$25) \_\_\_\_\_

LATE FEES: \$5. after May 25.

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WE WILL NEED A VOLUNTEER TO **COACH** SOFTBALL. WILL YOU COACH? YES \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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If you want to **SPONSOR** a team, please fill out the following information:

Cost is \$135. Your logo and shirt color choice is due by May 20.

Sponsor Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt color: \_\_\_\_\_ Logo/print color: \_\_\_\_\_