

BOYS BASEBALL - 2016

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 ____

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

Age Deadline: July 20, 2016

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

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 (\$11) _____ NON RESIDENT (\$22) _____

LATE FEES: \$5. after May 25.

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

PRINT NAME: _____

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 - 2016

Name: _____ School: _____

Address: _____ City/Zip: _____

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

E-mail: _____

DOB: _____ Age: _____ Best Phone: _____

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

Age deadline: July 20, 2016

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

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.

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PARENT/GUARDIAN SIGNATURE: _____

AMOUNT PAID: CITY RESIDENT (\$11) _____ NON RESIDENT (\$22) _____

LATE FEES: \$5. after May 25.

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

PRINT NAME: _____

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: _____