

# Wenona Summer Sports 2017 Registration Form

Child's Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ current grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

\_\_\_\_\_ T- Ball (boys and girls ages 4 – 6)  
\_\_\_\_\_ Baseball (boys 7 – 14)  
\_\_\_\_\_ Softball (girls 7 – 15)

- players will be placed on teams based on age and skill level

### Please circle the appropriate shirt size

Youth          Small    Medium    Large    X Large  
Adult          Small    Medium    Large    X Large    XX Large

Players will be responsible for providing their own pants.

Requested number \_\_\_\_\_ 1<sup>st</sup> choice    \_\_\_\_\_ 2<sup>nd</sup> choice    \_\_\_\_\_ 3<sup>rd</sup> choice

### Registration Fee: (by March 25)

T-ball (4 – 6)	\$25	\$20 additional child
Baseball	\$35	\$30 additional child
Softball	\$35	\$30 additional child
After March 25	\$10	additional late fee

**Uniform will not be issued out until fee is paid or arrangements are made.**

### Parent or Guardian Contact Information

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### I am interested in helping coach or umpire

Please be sure to list a daytime contact phone number for rainouts and game or practice changes. If this is not your number, please list the person's name along with the number.

Name \_\_\_\_\_ Daytime Phone number \_\_\_\_\_

**Concession Stand:** In order to keep the fees as low as possible, all parents are required to work at least one game in concession stand per child. A schedule will be available prior to the start of the season.

# City of Wenona Summer Sports Program

## **PARTICIPATION WAIVER OF RESPONSIBILITY:**

I hereby give my child permission to participate in the Wenona Summer Sports program. I also state that we carry medical and/or accident insurance and said insurance covers the child listed below. I further acknowledge that we understand the City of Wenona does not carry medical insurance for the participants in the program. Therefore, we hereby waive any claim for damages resulting from any injury to said child while participating in this program and while traveling to and from games and practices.

If the participant is a minor (under the age of 18), a parent or legal guardian must sign the form.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Name of Parent / Legal Guardian (please print)

\_\_\_\_\_  
Signature of Parent / Legal Guardian

## **PERMISSION TO TREAT CONSENT:**

In case of emergency, if parents cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent (s) Names: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In cases of emergency:

Contact name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have any known allergies / medical conditions, including those requiring maintenance medication (i.e. diabetes, asthma, seizure disorder, etc.) that we should be aware of?

NO                      YES (if yes, coach or program representative will contact you for additional information)

\_\_\_\_\_  
Signature of Parent / Legal Guardian

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