

Winfield Park & Recreation **BASEBALL REGISTRATION**

*Full Name (as shown on birth certificate) _____

Age of Player TODAY: _____ Date of Birth _____

Mailing Address _____

Phone #'s please circle who:

1	_____	Name	_____	Mom-Dad-Grand-Other
2	_____	Name	_____	Mom-Dad-Grand-Other
3	_____	Name	_____	Mom-Dad-Grand-Other

Name of other siblings playing _____

Parents/Guardian Name _____

Name child known by _____ Circle one: Male or Female

2020 DYB Age Chart Match players birth month (top row) with year of birth to determine League Age

League Age	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	League Age
4	2016	2016	2016	2016	2015	2015	2015	2015	2015	2015	2015	2015	4
5	2015	2015	2015	2015	2014	2014	2014	2014	2014	2014	2014	2014	5
6	2014	2014	2014	2014	2013	2013	2013	2013	2013	2013	2013	2013	6
7	2013	2013	2013	2013	2012	2012	2012	2012	2012	2012	2012	2012	7
8	2012	2012	2012	2012	2011	2011	2011	2011	2011	2011	2011	2011	8
9	2011	2011	2011	2011	2010	2010	2010	2010	2010	2010	2010	2010	9
10	2010	2010	2010	2010	2009	2009	2009	2009	2009	2009	2009	2009	10
11	2009	2009	2009	2009	2008	2008	2008	2008	2008	2008	2008	2008	11
12	2008	2008	2008	2008	2007	2007	2007	2007	2007	2007	2007	2007	12
13	2007	2007	2007	2007	2006	2006	2006	2006	2006	2006	2006	2006	13

Registration Fee \$65.00 1st child \$55.00 each additional sibling. Copy of birth certificate required at signup. A late fee of \$10.00 per child if not signed by deadline.

Parent or Guardian must sign below for child to participate:

I understand that Winfield Park & Recreation does not provide insurance for regular season league play. I give my child permission to participate in all league activities. I assume all risks associated with the league, including but not limited to practices, games and transportation to and from same. I hereby waive, release, absolve, and agree to indemnify and hold harmless the City of Winfield, Winfield Park and Recreation Department, coaches supervisors, officials, participants, spectators and facility owners from all claims, demands, actions, or liabilities which may arise out of participation in the league, including, but not limited to ballgames, practices, or transportation to and from the same.

I certify that:

1. I have been provided with information on concussions in youth sports in compliance with HB 108.
2. I understand that on a yearly basis, the concussion in youth sports information sheet shall be signed and returned to the Winfield Park and Recreation by myself (or my parent or legal guardian if I am under the age of eighteen (18) years old) prior to my initiating practice or competition. If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Certified Athletic Trainers, etc.)

I certify that:

I have read and received a copy of The Winfield Park and Recreation Family Behavior Policy and agree to comply with the rules as stated within the said policy.

Parent or Guardian Signature _____ **Date** _____

Medical conditions or allergies that coaches should be aware of: _____

Childs Name _____

Number of years your child has played bb _____.

Please mark correct size below. Samples are available; you are responsible for ordering the correct size. If you do not, you will be required to pay for any uniform re-order.

Carefully select the appropriate age group for your child:

**** (6U Baseball will form a team(s) if other towns have teams for us to play.)**

Baseball: Age Group: _____ 6U _____ 8U ***Please Circle Sizes***

Jersey YXS YS YM YL AS AM AL AXL

Pants (Drawstring, elastic bottom) YXS YS YM YL YX AS AM AL AXL

Socks Youth Adult **Cap** (Velcro) Youth Adult

Baseball: Age Group: _____ 10U ***Please Circle Sizes***

Jersey YXS YS YM YL AS AM AL AXL

Pants (belted, open bottom) YXS YS YM YL YXL AS AM AL AXL

Socks Youth Adult **Cap** (Velcro) Youth Adult

Baseball Age Group: _____ 12U _____ 14U ***Please Circle Sizes***

Jersey YXS YS YM YL AS AM AL AXL AXXL

Pants (belted, open bottom) YS YM YL YXL AS AM AL AXL AXXL

Socks Youth Adult **Cap** (Fitted) Youth Adult

For office use only- do not write inside this box

Paid by: _____ Cash in the amount of \$ _____ or

_____ Check in the amount of \$ _____ # _____

Payment accepted by _____ Birth Certificate _____.