

Winfield Park & Recreation SOFTBALL/TEEBALL Registration- January 14th through February 8th 2019

* 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

Age as of December 31, 2018 _____

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/ the Coach Safety Law.
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/participate 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: _____

Number of years your child has played bb/sb _____.

Please consider my child for all-star play after regular season, (please circle) YES NO

Childs Name _____

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:

Tee Ball: Age Group _____ 4U _____ 6U

Please Circle Size

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

To qualify for 6u softball you must have played at least 1 year of tee ball.

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

Softball Age Group: _____ 6u _____ 8U _____ 10U _____ 12U

Please **Circle Sizes**

Jersey YXS YS YM YL YXL AXS AS AM AL AXL AXXL

Pants (2 button, drawstring, elastic/bottom) YXS YS YM YL YXL AXS AS AM AL AXL AXXL

Socks Youth Adult **cap** 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

