

# West Middleton Baseball/Softball Registration 2010

Players last name: \_\_\_\_\_ Players first name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

M/F \_\_\_ Current Grade: \_\_\_\_\_ School \_\_\_\_\_ Shirt size: Youth S M L XL  
Adult S M L XL

## PROGRAMS:

### Recreational Baseball

Base on current grade in school  
T-Ball (\$50) \_\_\_  
Coach pitch gr K-1 (\$50) \_\_\_  
Machine Pitch gr 1-2 (\$50) \_\_\_  
Little Bucs gr 3-4 (\$60) \_\_\_  
Pepper gr 5-6 (\$60) \_\_\_  
Triple A gr 7-8 (\$60) \_\_\_

### Competitive Baseball

Age based on player's age on April 30, 2010  
Cal Ripken Minors 9-10 \_\_\_  
Cal Ripken Majors 11-12 \_\_\_  
Babe Ruth 13-15 \_\_\_  
(\$85) - includes \$25 tryout fee.  
Add'l \$35 Team fee  
Evaluations tentatively April 10, 2010

### Girls Softball

Based on current grade in school  
Girls coach pitch gr 1-2(\$50) \_\_\_  
Girls SB gr 3-4 (\$50) \_\_\_  
Girls SB gr 5-6(\$50) \_\_\_  
Girls SB gr 7-8 (\$60) \_\_\_  
Competitive Rec. Softball  
Girls Comp Rec. SB gr 7-8(\$80) \_\_\_

**Checks payable to: West Middleton Baseball** Registration closed on March 31. Forms will be taken after that date, with a **\$20 late fee** and players will only be placed if spots are available. No refunds provided after April 30, 2010. Teams will be formed in early to mid May.

Mother: \_\_\_\_\_ e-mail: \_\_\_\_\_ @ \_\_\_\_\_  
home phone: \_\_\_\_\_ bus or cell #: \_\_\_\_\_  
Father: \_\_\_\_\_ e-mail: \_\_\_\_\_ @ \_\_\_\_\_  
home phone: \_\_\_\_\_ bus or cell #: \_\_\_\_\_

This is a volunteer organization that supports the community. Parent volunteers are needed/expected to help make this an effective program.

Parent willing to : coach \_\_\_ assist coach \_\_\_ team rep \_\_\_ Other \_\_\_\_\_

Parents have read and accepted Parent/Fan Code of Conduct \_\_\_\_\_

Parents acknowledge requirement to work in concession stand \_\_\_\_\_

Parents acknowledge required commitment for Babe Ruth-Cal Ripken \_\_\_\_\_

Name of Physician: \_\_\_\_\_ clinic: \_\_\_\_\_ phone: \_\_\_\_\_

List any medical problem or limitation player has: \_\_\_\_\_

Emergency contact if parent cannot be reached \_\_\_\_\_ phone: \_\_\_\_\_

### Waiver of Liability & Consent for Medical Treatment

I, the undersigned parent or legal guardian of the above named player the "registrant" recognizes that baseball/softball can be a dangerous activity, yet wish to assume all risk associated with participation in baseball/softball activities to be conducted during west Middleton baseball/softball games, practices tournaments, and open sandlot times. I further acknowledge and understand that travel to and from games, practice, tournaments, or open sandlot by automobile or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above- referenced risks, I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge and /or otherwise indemnify West Middleton Baseball Club, their coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for baseball/softball as to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardians. This release includes transportation to and from baseball/softball games and tournaments, which I hereby authorize.

With full knowledge of the risks of injury in the game of baseball/softball, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at practice, game, tournament open sandlot, or while attending or traveling to or from any of those activities. All coaches and managers of my child's team; all officers and officials of the baseball /softball club to which my child's team belongs; and all directors, officers, sponsors. Officials or agents of any league or tournament that my child may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care, as they deem appropriate to preserve the life to well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

Consent for name use: I hereby give my permission to have my child's name and photo used for publicity

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact West Middleton Baseball club to discuss any questions I had about the above release and consents.

**SIGNATURE** of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Information [www.town.middleton.wi.us](http://www.town.middleton.wi.us)

**Mailing address: Town of Middleton, West Middleton Baseball** 7555 W. Old Sauk Rd. Verona, WI 53593-9700

top copy - commissioner

middle copy- coach

bottom copy - registrant