



YOUTH BASEBALL/SOFTBALL REGISTRATION FORM



Complete form and either mail or drop off, along with payment to:
Parks and Recreation Office, 115 N. Fillmore Street, Osceola, IA 50213

Registration Deadline March 17th. Starting March 18th there is an additional \$10 late fee.

Player Name _____ Address _____

Present Grade _____ Home Phone# _____ Cell Phone# _____

Male _____ Female _____ Email address: _____

Grades listed below are for present school year:

- Mini Tee Ball (Co-ed, age 4 & 5) \$30.⁰⁰
- Tee Ball (Co-ed, Kindergarten) \$30.⁰⁰
- Pee Wee Boys (1st – 2nd Grade) \$30.⁰⁰
- Pee Wee Girls (1st – 2nd Grade) \$30.⁰⁰
- Minor Boys (3rd – 4th Grade) \$40.⁰⁰
- Minor Girls (3rd – 4th Grade) \$40.⁰⁰
- Major Boys (5th – 6th Grade) \$40.⁰⁰
- Major Girls (5th – 6th Grade) \$40.⁰⁰

<u>Shirt Size (Circle One):</u>	
Youth Small	(6-8)
Youth Med.	(10-12)
Youth Large	(14-16)
Adult Small	(34-36)
Adult Med.	(38-40)
Adult Large	(42-44)
Adult XL	(46-48)
Adult XXL	(48-50)

As the parent/guardian of the above-named player, I hereby give my permission and approval to the player's participation in any and all ball activities. I assume all risks and hazards incidental to such participation, including transportation to and from said activities. I do hereby hold harmless the City of Osceola, Osceola Parks & Recreation Department, sponsors, supervisors, coaches, umpires, volunteers, concession stand personnel, bystanders, and/or persons transporting player to or from activities, from any negligence, injury, or for any other cause. I do understand that no accident, health, or liability insurance is provided for my child. I accept full responsibility for my child's behavior and participation.

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Willing to coach: yes ___ no ___

Coaching with: _____
(we will only recognize two coaches per team)

MEDICAL AUTHORIZATION

FOR: _____

I, THE PARENT/LEGAL GUARDIAN OF THIS PARTICIPANT IN THE LOCAL YOUTH BASEBALL/SOFTBALL PROGRAM, HEREBY AUTHORIZE THE TEAM COACH/ASSISTANT COACH TO OBTAIN WHATEVER MEDICAL SERVICES DEEMED NECESSARY IN THE EVENT THE PARTICIPANT SUSTAINS AN ILLNESS OR INJURY IN MY ABSENCE. THIS AUTHORITY INCLUDES CONSENT TO ANY MEDICAL PERSONNEL OR FACILITY TO RENDER CARE AND TREATMENT AUTHORIZED BY THE COACH/ASSISTANT COACH. THE CITY OF OSCEOLA, PARKS AND RECREATION DEPARTMENT, ITS AGENTS, COMMISSIONERS, OFFICERS, VOLUNTEERS AND EMPLOYEES WILL NOT BE RESPONSIBLE FOR THE COST OF MEDICAL TREATMENT OR TRANSPORTATION.

Listed Below Are Any Allergies/Illnesses Or Special Needs Of The Participant:

Parent/Guardian(Signature): _____ Date: _____ Phone: _____