



# Baseball & Fast Pitch Softball Enrollment Form

Please return by April 6<sup>th</sup> with the \$20 registration fee to the WRC, 624 College

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Gender: Male  Female  Age as of deadline for appropriate league: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Siblings name in same age group \_\_\_\_\_

Whom to contact in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Ball League: Co-ed

Girls Softball League (Circle One) Coach Pitch (7-8) 10 & Under (9-10) 12 & Under (11-12) 16 & Under (13-16)

Boys Baseball League (Circle One) Rookie (7-9) Bambino (10-12)

T-shirt size (circle one): YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Pant size (circle one) BASEBALL ONLY YS YM YL YXL/AS AM AL AXL AXXL

### YOUTH SCHOLARSHIPS AVAILABLE

There is no cost to those families on the KanCare Medicaid program through United HealthCare. Simply bring in your Member ID card and complete a sign-up form. Families on the free lunch program through USD #465 will receive a 75% discount. In addition, those families on the reduced lunch program will receive a 50% discount. Scholarships must be done in person at the WRC office.

### PARENTS CONSENT AND RELEASE

I, the undersigned, hereby consent to my child enrolling and participating in the above Winfield Recreation Commission Youth Program. I also am aware that there are physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless this organization from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to my child.

Parent and/or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### NYSCA VOLUNTEER COACHES CERTIFICATION CLINIC - April 19

Again this year, all teams must have at least one coach that is NYSCA certified. Thanks to the support of the Winfield Recreation Commission, coaches will receive this training **FREE OF CHARGE** (a \$20 value). Once you complete the training, you will receive \$500,000 in liability insurance coverage. Mark down April 19 on your calendar. **Clinic held in the conference room at the WRC office, 624 College.**

\*  Yes, I will be the **HEAD COACH** of my child's team, Please send me a coaching application. I will attend the NYSCA coach's clinic on April 19, as well as the coaches meeting and draft of my child's age division. (Head coaches will be determined on a first come basis, with priority being given to those that are NYSCA certified and have a coaching application on file.) Shirt size: \_\_\_\_\_

\*  Yes, I am willing to assist the head coach of the team my child is on. Shirt size: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_