

# Tee Ball Registration Form

## Edgerton Little League Baseball Incorporated

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent #1(Guardian) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent #2(Guardian) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY!!! NO EXCEPTIONS WILL BE MADE!**

**Age Limit: Must currently be in kindergarten or 1<sup>st</sup> grade living in the Edgerton School District.  
Registration due May 7<sup>th</sup>, 2010.**

I/We, the parents of the above named candidate for a position on a T-ball League team, hereby give my/our approval to participate in any and all Edgerton Youth Baseball activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Edgerton Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and/or liability insurance.

I/We agree to return upon request any equipment issued to my/our child in as good a condition as when received except for normal wear and tear. The shirt and hat are for the players to keep.

The player fee of \$25 covers the cost of the baseball field, the usage of equipment, and the uniform. A check for this amount (make checks payable to EDGERTON YOUTH BASEBALL) must be turned in with this application. A returned check fee will be charged as required.

Dated this \_\_\_\_\_ day of April/May 2010.

Parent/Guardian signatures:

\_\_\_\_\_  
Parent #1(Guardian) Parent #2(Guardian)

Parental interests: (check one or more that apply)

\_\_\_\_\_ Coaching      \_\_\_\_\_ Assistant Coaching      \_\_\_\_\_ Miscellaneous Help

Each child will receive a shirt and hat, provided application is mailed by the deadline below.

Child's shirt size (circle one)      Youth M      Youth L      Adult Small  
(10-12)      (14-16)

Please indicate which night (6:30pm – 7:30pm) would be best for you. Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

**YOU MUST MAIL THIS FORM AND THE \$25.00 FEE (make checks payable to Edgerton Youth Baseball) TO: Edgerton Youth Baseball Attn: Georgia Paulson, 1106 Sweeney Rd, Edgerton, WI 53534 by Friday, May 7, 2010.** Those received after May 7th may only receive a hat. If you have any questions please call Georgia Paulson at 884-3024.

Tentative starting date: week of June 14th.

**Please complete the Medical Release form on the reverse side.**