

2010 Madison Parks & Recreation Department

Boys 13, 14 & 15 year old Baseball Registration Form

**Return form to the Madison Parks Department located in the
Brown Gym @ 100 South Broadway, Madison
(mailing address 101 W Main Street, Madison, IN 47250)**

Participant's name _____

Name of Parent/Guardian _____

Address _____ City _____

Phone number (home) _____ (cell) _____

In case of an emergency (if parent/guardian cannot be contacted):
_____ PHONE _____

Birthdate ____/____/____ AGE as of 5/1/10 _____

***A player's age as of May 1, 2010 will determine the league that he/she will play in**

****A copy of your child's birth certificate must accompany this application**

Player fee: \$50 AFTER APRIL 30th the player fee will increase to \$70!!!!!!

Shirt size: S(6-8) M(10-12) L(14-16) AS AM AL AXL AXXL

Are you interested in being a head coach ___ assistant coach ___

**All coaches are required to have a background check on file with the Parks
Department. These must be renewed every year.**

*****Parent agreement/health information*****

I hereby certify that _____ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims rising out of the program which he/she may ever have against the city of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators.

I grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

I also hereby give permission to the city of Madison Parks & Recreation Department to use any photographs taken of my child while participating in this program for the use of promotional literature

Signature of Parent/Guardian _____ DATE _____

**For more information, call the park office @ 265-8308
or online @ www.mprdsports.com**