

2010 Madison Parks & Recreation Department
“Second Season” Baseball/Softball Registration Form

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

This will be a Monday thru Thursday program in the month of July. The first week in July will be a skills week followed by practices and games for the remainder of the month. This program is designed for those not playing travel baseball or softball and will stress “FUN” and FUNDAMENTALS

Participant’s name _____
Name of Parent/Guardian _____
Address _____ City _____
Email Address _____
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: \$25 Deadline to sign up is July 2.

Circle the league that you are participating in:

baseball softball

PEE WEE (7-8) JR VARSITY (8-10) VARSITY (10-12)

Parents of 8 and 10 year olds can choose their division

Pee Wee is coach pitch/Jr Varsity & Varsity is kid pitch

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 @ 812-265-8308

or online @ www.MadisonParks.com