

**2010 Madison Parks & Recreation Department  
Boys Youth Baseball 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**

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: \$50 AFTER MARCH 1<sup>st</sup> the player fee will increase to \$70!!!!!!**

Circle the league that you are participating in:

ROOKIE 7-8 MINOR 9-10 MAJOR 11-12

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.MadisonParks.com](http://www.MadisonParks.com)**