

T-BALL (AGES 5 AND 6)

REGISTRATION FEE: \$30.00 (NON REFUNDABLE)
\$20.00 Late Fee After March 15

Cash _____
Check _____

CHILDS NAME: _____

PARENTS NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTHDATE: _____ AGE: _____ MALE/FEMALE circle one

PLAYERS AGE IS DETERMINED BY AGE AS OF APRIL 30

DID YOU PLAY FOR GRAND CHUTE BASEBALL LAST YEAR? YES/NO

IF YES, TEAM NAME: _____

DO YOU PLAY OTHER SUMMER SPORTS? YES/NO circle one

THIS LEAGUE IS RUN ENTIRELY BY VOLUNTEERS. PLEASE CHECK ANY OF THE FOLLOWING AREAS YOU WOULD BE INTERESTED IN HELPING WITH.

____ HEAD COACH ____ ASST. COACH ____ TEAM HELPER ____ LEAGUE HELPER

Parent's statement of responsibility:

I, the undersigned parent or legal guardian, agree to allow my son/daughter _____ to participate in Grand Chute Baseball activities with the full understanding that there is no insurance coverage for participants. Accordingly, I agree to hold no coach, manager or other club official, the town of Grand Chute, or Outagamie Parks Department liable in any way, should my child sustain injuries while participating in any activities relating to Grand Chute Baseball.

Parents or legal guardian signature

date

**Sorry but we can not honor requests for teams.
Additional Fundraiser required.
You will be contacted in March with team information.**