



# Vilonia Parks and Recreation

## BASEBALL / SOFTBALL REGISTRATION FORM

Registration Fees: \$35 for first child, \$20 per additional child.

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_  Baseball  Softball

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Legal Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative/Emergency Phone: \_\_\_\_\_

Is this the first year to play in Vilonia Parks & Recreation Baseball/Softball? \_\_\_\_\_

Team/Coach's name previous year: \_\_\_\_\_

Age Division from previous year: \_\_\_\_\_

Willing to head coach or assistant coach a team? \_\_\_\_\_

Request to re-enter the draft:  Yes  No

Does the player have any medical conditions that the coaches should be aware of? \_\_\_\_\_

Please list any additional comments here: \_\_\_\_\_

- ❖ Please know that the child being signed up to play baseball/softball will be placed in the age division according to their birth date.
- ❖ Please understand that any requests made by parents pertaining to which team a child is placed on will be looked at, but may not be granted due to many circumstances

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release:** The Vilonia Parks & Recreation Department is offering youth sports for ages 5 to 14. No entry will be accepted unless this release form is signed by the parent or legal guardian of the player. The undersigned, intending to be legally bound, hereby for myself, my heirs, my executors and administrators, waive, release, and otherwise hold harmless any and all rights and claims for damages I may have against the Vilonia Parks & Recreation Department, City of Vilonia, Vilonia Public School District, and their successors and assigns for any and all injuries suffered by me or my minor child as a spectator / participant in the activity described above. Further, by signing above, I am giving my consent that my child is physically able to participate, is in good health, free from injury and otherwise fit to participate in this activity. By signing above, I am representing that the entrant, named above, is covered under a health or disability insurance policy or that I am financially responsible for any and all medical or hospitalization costs that may be associated with the entrant's participation. I understand that by my signature that I agree to allow my picture or pictures of my child to be used for promotional purposes by the City of Vilonia and the Vilonia Parks and Recreation Department. If the age of a player is ever questioned, the parent must submit a birth certificate to Vilonia Parks and Recreation Department.

Make check payable to Vilonia Parks and Recreation and mail to PO BOX 188, Vilonia AR 72173, or place in the Registration Dropbox in the Vilonia City Hall lobby, located at 18 Bise Drive. While cash is accepted in the dropbox, please be aware we cannot make change.

### FOR OFFICE USE ONLY

	Date: _____
Cash or Check #: _____	Receipt #: _____ Employee Initials: _____