



Vilonia Parks and Recreation

SPRING YOUTH BASEBALL / SOFTBALL REGISTRATION FORM

Registration Fees: \$75 for first child, \$55 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

Cash or Check #: _____ Receipt #: _____

Multiple Child Discount? ☐

Refund Amt: \$ _____ Refund Check #: _____

Refund Date: _____