



2017 BOYS PEEWEE BASEBALL



AGES 5 & 6 (BASED ON CHILD'S AGE JUNE 1, 2017)

WICKLIFFE RESIDENTS: \$40 / NON-RESIDENTS: \$50

TUESDAYS & THURSDAYS (6:15 PM – 7:15 PM OR 7:15 PM – 8:15 PM)

TEAM MEET & GREET / FIRST PRACTICE THURSDAY, JUNE 8 AT JINDRA PARK FIELD #4

(REGISTRATION DEADLINE FRIDAY, MAY 26. ROSTERS AND OPENING DAY PRACTICE SCHEDULE WILL BE AVAILABLE FRIDAY, JUNE 2)

COACHES NEEDED: League play cannot begin until we have coaches for all our teams. The City of Wickliffe's Law Department and our risk management consultants have authorized the initiation of a basic background check for all coaches.

KEEP ABOVE INFORMATION

CUT AND RETURN BOTTOM SECTION AND FEE TO THE CITY OF WICKLIFFE RECREATION DEPARTMENT

28730 RIDGE RD WICKLIFFE 44092, MONDAY-FRIDAY, 8:00 AM - 4:30 PM, 440-943-7120

2017 BOYS PEEWEE BASEBALL REGISTRATION FORM (PLEASE PRINT)

CHILD'S NAME _____ BIRTH DATE _____ AGE (6/1/17) _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAME _____ PHONE# _____

PARENT/GUARDIAN NAME _____ PHONE# _____

CAN YOU BE REACHED BY TEXT? (CIRCLE) YES NO IF YES, TEXT # _____

PARENT/GUARDIAN E-MAIL _____

CHILD'S SHIRT SIZE (CIRCLE): YOUTH SMALL YOUTH MEDIUM YOUTH LARGE ADULT SMALL ADULT MEDIUM ADULT LARGE

LIST ANY CRITICAL MEDICAL INFORMATION CONCERNING THIS CHILD: _____

(CIRCLE ONE) **I DO** **I DO NOT** give my consent for emergency medical treatment for my child in the event reasonable attempts to contact me or other parent/guardian have been unsuccessful. The authorization for medical treatment does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery. If you choose to not grant consent for medical treatment, program authorities will take no action.

CHILD'S PHYSICIAN _____ PHONE# _____

CHILD'S DENTIST _____ PHONE# _____

COACHES NEEDED!!! IF YOU ARE AVAILABLE TO HELP COACH YOUR CHILD'S TEAM, PLEASE FILL OUT THIS SECTION

NAME _____ (CIRCLE): HEAD COACH ASSISTANT COACH

PHONE # _____ CAN YOU BE REACHED BY TEXT? (CIRCLE) YES NO

E-MAIL ADDRESS _____

I, the undersigned, am the parent or legal guardian of this child. I understand that participation in this program carries the potential risk of injury. I hereby assume full and complete responsibility for any injury that may occur to my child as a result of participation in this Wickliffe Recreation Department Program. I hereby release from liability and waive and relinquish any and all claims, demands, and/or causes of action whatsoever against The City of Wickliffe and any and all personnel and/or volunteers associated with this program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE ONLY

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____