

City of New Holstein
ci.newholstein.wi.gov

Questions? Call Jeff Schroeder
Baseball/Softball Director
920-898-5648 or
920-418-3564

Baseball/Softball Participant Registration Form

Registration Day—Thursday, January 19, 2017

3-6:30pm at New Holstein City Hall basement

Players must attend registration to be fit for uniforms

****No Refunds after 3/10/17 or once uniforms are ordered****

For Office Use Only:	
Shirt:	<input type="checkbox"/> Youth ___ <input type="checkbox"/> Adult ___
Pants:	<input type="checkbox"/> Youth ___ <input type="checkbox"/> Adult ___
	<input type="checkbox"/> Child not present to size
Paid	CASH / Check # _____
Amount Paid	_____

Boys Baseball Fees—includes pants, shirt, hat				Girls Softball Fees—includes pants & shirt				CO-ED Little Sluggers Baseball Fees—includes shirt			
Rates Before 3/1/17		Late Fee Assessed After 3/1/17		Rates Before 3/1/17		Late Fee Assessed After 3/1/17		Rates Before 3/1/17		Late Fee Assessed After 3/1/17	
Resident	Non-Res	Resident	Non-Res	Resident	Non-Res	Resident	Non-Res	Resident	Non-Res	Resident	Non-Res
\$55	\$60	\$75	\$80	\$55	\$60	\$75	\$80	\$25	\$30	\$45	\$50
Fee with <u>NO</u> pants	\$45	\$50	\$65	\$70	\$45	\$50	\$65	\$70			

Participant Name (Print First Last)	Address	City	Primary Phone	Current Grade	Gender M/F	Birthdate	Age
						/ /	

Level (Please check one box) - based on current grade

Boys			Girls			Little Sluggers	
Rookies	Grades 1-2	<input type="checkbox"/>	Girls C	Grades 1-4	<input type="checkbox"/>	Currently	<input type="checkbox"/> 4K
Minors	Grades 3-4	<input type="checkbox"/>	Girls B	Grades 5-6	<input type="checkbox"/>	in 4K & 5K	<input type="checkbox"/> 5K
Little League	Grades 5-6	<input type="checkbox"/>	Girls A	Grades 7-9	<input type="checkbox"/>		
Graders	Grades 7, 8, 9	<input type="checkbox"/>					

Little Sluggers will be held Thursday evenings from May to July.

Girls Softball games are mostly Tuesdays/Sundays from May to August.

Boys Baseball games from May to August: Rookies & Minors on Fridays, Little League on Fridays, and Graders day varies.

Parent/Guardian Name (Print First Last) (Parents will be asked to volunteer for Concession Stand Work)	Home Phone No.	Cell Phone No.	E-mail

Coaches Needed!

Please indicate below if you are interested in Coaching. Application & Criminal background check required.

_____ Yes, I'm interested in coaching _____ Application received/date

Name: _____

City of New Holstein Parent & Athlete Concussion Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

PARENT AGREEMENT:

I _____ have read the Parent Concussion and
(please print)

Head Injury Information at http://sped.dpi.wi.gov/sped_tbi-conc-guidelines and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature Date

ATHLETE AGREEMENT:

I _____ have read the Athlete Concussion and
(please print)

Head Injury Information at http://sped.dpi.wi.gov/sped_tbi-conc-guidelines and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Have you ever had a concussion? Yes No If yes, how many? _____

Have you ever experienced concussion symptoms? Yes No Did you report them? _____

Athlete Signature Date

**** CHILD MUST SIGN ****

Waiver of Liability and Release of Claims

I/We will not hold the City of New Holstein or Recreational Department Staff and Volunteers responsible for their negligence in the event of an accident/injury as a result of my child's participation in this recreational program. I/We release and discharge all claims that may arise to us as parents or guardians and to our child.

I hereby waive the right I have to bargain for different waiver of liability forms.

Parent/Guardian Signature

Date

Name of Parent or Guardian (Please Print)

Insurance Information

Medical Insurance Carrier: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

List any special medical conditions/allergies that the coaches should be aware of:

No Allergies

List: _____

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby certify that my child is in good physical health and may participate in all recreational activities. I also give permission for my child to be given emergency medical treatment.

Dated

Parent or Guardian Signature

Name of Parent or Guardian (Please Print)