



P.O. Box 222
Shawano, WI 54166

Baseball/Softball/T-Ball Registration Form 2008

QUESTIONS? CALL Tyler Schmidt @ 524-3058
Visit our website: www.ShawanoYouthLeague.com

-----PLAYER-----		
Player Name	First:	Last:
Address		
Address2		
City/State/Zip		
Phone	Home: ()	Cell: ()
Email		

Player's Birthdate	
Boys: Age as of April 30, 2008	
Girls: Age as of January 1, 2008	
New to League?	YES _____ NO _____
2007 Team	

-----LEAGUE REGISTERING FOR – PLEASE CHECK ONE-----	
T-Ball (5/6 yr old): FEE IS \$20 Boy _____ Girl _____ Circle youth size T-Shirt: 6/8 10/12 14/16 18/20	
Boys: FEE IS \$35	AA (7/8 yr old) _____ AAA (9/10 yr old) _____ Majors (11/12 yr old) _____
Girls: FEE IS \$35	AA (7/8 yr old) _____ AAA (9/10 yr old) _____ Majors (11/12 yr old) _____
Boys and Girls Leagues (ages 7-12) need to include \$25.00 Volunteer Deposit per family	

PLEASE CHECK ONE OF THE WEEKENDS BELOW TO FULFILL YOUR VOLUNTEER TIME!

-----WHICH WEEKEND WORKS BEST TO FULFILL VOLUNTEER REQUIREMENTS-----		
TOURNAMENTS: <u>July 10-13 (COACH PITCH/SOFTBALL)</u>	<u>July 17-20 (Boys 11/12)</u>	<u>July 24-27 (Boys 9/10)</u>
_____	_____	_____

For AA/AAA/Majors Leagues, Tournament Teams for the Shawano Youth League are coach picked during the season based on the ability of the players. If your child is selected, you will be contacted. Tournament teams travel approximately 4 weekends (Fri-Sun) during June & July. The League needs to know your level of interest in having your child considered for selection. Please check one.

Interested _____ Not Interested _____

-----PARENT #1-----		
Name	First:	Last:
Address		
City/State/Zip		
Phone	Home:	Cell:
Email		

-----PARENT #2-----		
Name	First:	Last:
Address		
City/State/Zip		
Phone	Home:	Cell:
Email		

WAIVER: I, _____, hereby allow my child, _____, to participate in the Shawano Youth League program, acknowledging that the league will not provide insurance coverage for my child. By signing this registration document, I waive any and all rights to hold Shawano Youth League or any coaches or officers liable if any injury may occur to my child while a participant in the program. Therefore, I assume any and all risk that is in any way associated with, related to, or occurs as a result of my child's participation in the League.

Printed Parent Name _____ Signature _____ Date _____

LEAGUE USE ONLY: AMT COLLECTED: \$ _____ PAID BY: CHECK # _____ MONEY ORDER _____ CASH _____
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