



## Baseball/Softball/T-Ball Registration Form 2010

**REMINDER:**  
All registration forms need to be turned in by Wednesday, March 31, 2010.

P.O. Box 222  
Shawano, WI 54166

Visit our website: [www.ShawanoYouthLeague.com](http://www.ShawanoYouthLeague.com)

Please print all information clearly. Thank you.

-----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		

-----LEAGUE PLAYER IS REGISTERING FOR – PLEASE CHECK ONE-----			
T-Ball (5/6 yr old):	FEE IS \$25	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
		Circle youth size T-Shirt: 6/8   10/12   14/16   18/20	
Boys:	FEE IS \$35	AA (7/8 yr old) <input type="checkbox"/>	AAA (9/10 yr old) <input type="checkbox"/>
		Majors (11/12 yr old) <input type="checkbox"/>	
Girls:	FEE IS \$35	AA (7/8 yr old) <input type="checkbox"/>	AAA (9/10 yr old) <input type="checkbox"/>
		Majors (11/12 yr old) <input type="checkbox"/>	
**Boys and Girls Leagues (ages 7-12) need to include \$25.00 Volunteer Deposit per family**			

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

Player's Birthdate:		
Boys: Age as of April 30, 2010		
Girls: Age as of January 1, 2010		
New to League?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2009 Team		
Siblings in League:	Name(s):	Team(s):

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 or PARK & REC DEPT USE ONLY:

AMT COLLECTED: \$ \_\_\_\_\_ PAID BY: CHECK # \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ CASH \_\_\_\_\_