



# DEERFIELD COMMUNITY CENTER SUMMER YOUTH BASEBALL/T-BALL 2010



<b>Please Check League:</b>	
<b>A. ___ Tee Ball</b> 4K and Kindergarten (2009-2010 school year) **Cost: \$40 <small>Must have just completed 4K or Kindergarten</small>	<b>C. ___ American</b> 3 <sup>rd</sup> and 4 <sup>th</sup> graders (2009-10 school year) **Cost \$65/\$75 if not volunteering
<b>B. ___ Minors</b> 1 <sup>st</sup> and 2 <sup>nd</sup> grade (2009-10 school year) **Cost \$60/\$70 if not volunteering	<b>D. ___ National</b> 5 <sup>th</sup> and 6 <sup>th</sup> graders (2009-10 school year) **Cost \$65/\$75 if not volunteering

Player's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Medical Information (Allergies, Asthma, etc.) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Jersey Size**

**Youth:** 10/12, 14/16, **Adult:** Sm, Med, Lg

**Volunteer (Please circle one)**

Coach   
  Asst. Coach   
  Manager   
  Help with Deerfield Days Tournament  
 Umpire (Paid position, 14+ years-old, must attend training)

Please provide us with your volunteer contact information: \_\_\_\_\_  
Volunteer's Name Phone

**IMPORTANT**

*Please read and sign the following*

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

\_\_\_\_\_  
 Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
 Signature Date

I, the participant, understand that my team needs me to be at all practices and games. I want to play youth baseball and go to my practices.

\_\_\_\_\_  
 Signature of Child participant Date

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY	
<b>Registration fees:</b>	
<b>Player's fee:</b>	\$ _____ Added to database _____
<b>TOTAL:</b>	\$ _____ Check number: _____

*Make checks payable to Return form and payment to DCC, 3 W. Deerfield St., Deerfield, WI 53531 or by mail: PO Box 404, Deerfield WI 53531*

