

**Deerfield Community Center
Summer Youth Baseball 2020
Registration Deadline Fri. June 19th**



Please Check League Below (Complete a separate form for each player)

A. ___ American League 3rd and 4th graders (2019-20 school year) **Cost \$85	B. ___ National League 5th and 6th graders (2019-20 school year) **Cost \$85
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Player's Name _____ Gender ___ Grade ___ Age ___ Birthday _____

Address _____ City _____ Zip _____

Medical Information: (Allergies, Asthma, etc.) _____

Parent/Guardian's Name _____

Parent's Cell Phone _____ Email 1: _____ Email 2: _____

Shirt Size Youth: 6/8, 10/12, 14/16 **Adult:** Sm, Med, Lg, XL

Volunteer (Please circle one)

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

_____ Volunteer's Name coach shirt size _____

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.

Signature

Date

Youth Participant Under 19: Concussion Participation Requirements

As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the Concussion Information Sheet, available at www.DCCenter.org In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child's coach for my player to return to play.

Parent/Guardian Signature

Date

**Make checks payable to DCC
PO Box 404, Deerfield WI 53531**

Save a stamp, we have a white mail drop box by our side door near Forward Pharmacy.