

PLEASE USE A DARK COLORED INK PEN TO COMPLETE THIS FORM

Sign-up NOW for Marion's 2018 Baseball/Softball Program!

FOR BOYS AND GIRLS who desire to play baseball or softball in Marion this summer. Please complete this FORM (one form per player) and return it with the registration fee and a COPY of the player's BIRTH CERTIFICATE (unless the player's birth certificate is already on file in the recreation office) by **MARCH 15!**

PLAYER'S MAY PLAY WITH THEIR CLASSMATES, BUT MUST ALSO MEET NATIONAL BABE RUTH AGE REQUIREMENT!

Name: _____

Parent or Guardian: _____

Address: _____

Phone Number(s): _____

E-Mail address: _____

Date of Birth: _____ Shirt Size: _____

BASEBALL = Age as of April 30, 2018 _____
Grade as of March 15, 2018 _____

SOFTBALL = Age as of January 1, 2018 _____
Grade as of March 15, 2018 _____

CIRCLE ONE:

- BLAST BALL= Pre-K; Fee is \$12
- T-BALL = Kindergarten; Fee is \$12
- 8 & Under or 1st - 2nd grades; Fee is \$20
- 10 & Under or 3rd - 4th grades; Fee is \$45
- 12 & Under or 5th - 6th grades; Fee is \$72
- 15 & Under or 7th - 9th grades; Fee is \$95

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- 12 & Under or 5th - 6th grades; Fee is \$72
- 16 & Under or 7th - 10th grades; Fee is \$95

*****There will be a \$25 per player late fee charged after March 15, 2018, with absolutely no exceptions!**

Register at the Marion Parks & Recreation office, 203 N. Third Street, or mail to: Marion REC, P.O. Box 125, Marion, Ks. 66861. Please make checks payable to: City of Marion. A copy of the player's Birth Certificate must be on file at the Parks & Rec office.

Medical Information

Name and Phone Number of person to contact in case of emergency:

Special Instructions: (Medical problems or needs to be brought to the attention of the coach.)

TO WHOM IT MAY CONCERN: In the event the above named player is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at practices, games, events, or activities, this player's coach or any employee of the City of Marion/Marion Parks & Recreation has my consent to authorize treatment for this player by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above named player permission to participate in the above named summer Baseball/Softball program with full knowledge of the risk involved.

I hereby agree to assume those risks and **will not** hold the City of Marion, Marion Parks & Recreation, USD 408, team sponsors, coaches, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named player while participating in the summer Baseball/Softball program.

Parent or Guardian's Signature: _____ Date: _____

If you wish to coach, please see Margo for an application. As of 2008, Babe Ruth Managers and Coaches are required to complete coaching education and certification on-line. This is a one-time, lifetime certification, at your own expense. Coaches will be selected by the Parks & Recreation Board of Directors. Coaches are subject to background checks and must sign a "Coaches Code of Ethics" agreement.