

**Complete application and submit to the City office or online by 4:00 p.m. April 14, 2017.**

Insurance information and emergency contact data:

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact Person (in case parent/guardian can't be reached):**

First & Last Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Health Insurance Carrier:**

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Family Physician Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_

In my absence, I (parent/guardian), \_\_\_\_\_ give permission to my child's coach to make any necessary medical decisions in the event of an accident.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In consideration of my child's enrollment in the Madison City Baseball/Softball Summer Program, I agree to assume all risk of injury and other loss to myself and my child, and I waive and release all liability claims against the City of Madison, the Madison Park Board, all of their coaches, volunteers, agents, and employees. I hereby hold them harmless for any personal injuries, damages to personal property, or other losses of any kind arising out of such sporting programs.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# CITY OF MADISON BASEBALL/SOFTBALL REGISTRATION FORM 2017



Summer baseball and softball season is right around the corner. If your son or daughter is planning to play in the **Boys Baseball** or **Girls softball** programs in the City of Madison this summer, please read through each page carefully to ensure that all information is provided accurately and complete. Applications are to be submitted at the City Office located at 211 South Lincoln Street Madison, Nebraska or can be emailed to [madisoncityclerk@gmail.com](mailto:madisoncityclerk@gmail.com). **Registration form deadline, 4:00 p.m. Friday, April 14, 2017.** Form **MUST** be submitted before any player may participate in any practice or games.

To be submitted:

- Completed registration form with parent/guardian signature.
- Copy of the player's birth certificate (required).
- Free Registration

Player name: \_\_\_\_\_ Phone number \_\_\_\_\_

## **BOYS BASEBALL**

MUST BE THE AGE BY JAN. 1

- 6 & Under Tee Ball (co-ed)
- 7, 8, 9 Digits (coach pitch)
- 9, 10, 11 Peewee B
- 11, 12 Peewee A
- 13, 14 Pony
- 15 & older Legion

## **GIRLS SOFTBALL**

MUST BE THE AGE BY JAN 1

- 6 & Under Tee Ball (co-ed)
- 10 & Under (coach pitch)
- 12 & Under
- 14 & Under
- 16 & Under
- 18 & Under

**Volunteers run these programs and some coaching positions remain open. Please contact the City Office if you are interested in coaching or have any questions at (402) 454-3412. You may also check either option in the box below and someone will contact you.**

<input checked="" type="checkbox"/> Check One
I want to Coach my child's Team: _____
I want to volunteer on my child's Team: _____
I want to volunteer or coach on any of the Teams: _____