



T-BALL / BASEBALL / SOFTBALL/ BROOKS WALES 2016 REGISTRATION

GENERAL REGISTRATION

Monday, March 14th, 3:00-6:00p.m.
Wales Village Hall
129 W. Main Street

If you are unable to attend the general registration, registration forms may be dropped off at either the Village Hall between the hours of 8:00 a.m. and 3:00 p.m. or dropped in the Village night deposit at any other time until March 31, 2016. When dropping off the form in the night deposit, please place it in a sealed envelope with the correct amount. *For any registration form received after March 31st there will be a \$20.00 late fee.* For further information contact the Rec. Director at 262-968-3968.

VILLAGE OF WALES: RESIDENT___ NON-RESIDENT___ (Based on where real estate taxes are paid)

<u>COSTS AS FOLLOWS:</u>	<u>RESIDENT</u>	<u>NON-RESIDENT</u>	
T-BALL & COACH PITCH	\$50 per player	\$70 per player	MAKE CHECKS
BASEBALL/SOFTBALL	\$80 per player	\$110 per player	PAYABLE TO:
BROOKS	\$95 per player	\$120 per player	Village of Wales

FEES INCLUDE JERSEY AND HAT FOR ALL LEVELS

PLAYERS NAME _____

DATE OF BIRTH _____ SEX _____ CURRENT GRADE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE(S) _____

PARENTS NAMES _____ E-MAIL _____

CHECK SHIRT SIZE: sizes available at to try at the Village Hall. **No Exchanges will be allowed**

YOUTH SIZES: S (8-10)___ M(10-12)___ L(12-14)___

ADULT SIZES: S (36-38)___ M(38-40)___ L(40-42)___ XL(42-44)___

CHECK APPROPRIATE LEAGUE --- (Maximum of 16 players per team)

- ___ T-BALL – 5 thru 6 year olds, need to be 5 years old by 5/1/16
- ___ COACH PITCH – 7 and 8-year-old boys & girls/Under 9 as of 5/1/16
- ___ DEWDROPS- 9 and 10-year-old boys/Under 11 as of 5/1/16
- ___ SPARROWS –9,10 and 11 year old girls/Under 12 as of 5/1/16
- ___ RAINDROPS –11 and 12 year old boys /Under 13 as of 5/1/16
- ___ ROBINS FAST PITCH –12,13 and 14 year old girls/Under 15 as of 5/1/16
- ___ PUDDLES – 13 and 14 year old boys/Under 15 as of 5/1/16
- ___ BROOKS – 15, 16 and 17 year old boys / under 17 as of 5/1/16

Teams are looking for coaches and assistants on all levels, please volunteer.

I WILL: COACH _____ ASST. COACH _____ TEAM PARENT _____

PLEASE CONTACT ME AT: _____

PLEASE COMPLETE THE VILLAGE WAIVER NO REFUNDS AFTER APRIL 17TH



VILLAGE OF WALES
 PARK RECREATION
 129 W. Main Street
 Wales, WI 53183
 FULL RELEASE AND WAIVER

The undersigned, parents of _____, who is under 18 years of age being born on _____ and is a participant in an activity or activities taking place in a Village park or on other public lands or streets located in and/or maintained by the Village of Wales. Any such activity sponsored by the Village or a group to whom permission has been granted by the Village Board takes place upon the express condition that the Village be RELEASED from all claims or causes of action for personal injury, property damage of wrongful death arising out of or in any way related to the participation in any of the above described activities.

In consideration of the granting of such permission by the Village Board, the undersigned does hereby forever RELEASE the Village of Wales and any of its officers or employees from any and all liability for property damage, personal injury or wrongful death arising out of or in any way related to any activity or activities taking place in a Village park or on other public lands or streets located in and/or maintained by the Village of Wales and/or sponsored by the Village or any group with permission of the Village Board.

THIS IS A FULL RELEASE AND WAIVER OF ALL CLAIMS WHICH THE UNDERSIGNED MAY POSSES AT ANY TIME AS A RESULT OF PARTICIPATION IN ANY OF THE ABOVE DESCRIBED ACTIVITIES.

Dated this _____ day of _____ 20__
 _____ E-Mail _____

Signature of Parent or Legal Guardian

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult coach or asst. coach in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Players Name _____ Birth Date _____

_____ Home # _____ Work # _____
 Signature of Father Cell # _____

_____ Home # _____ Work# _____
 Signature of Mother Cell # _____

_____ Home # _____ Work # _____
 Alternative Contact Person Cell# _____

Medical conditions: _____

Medications being taken by the child: _____

Regular Physician: _____ Phone # _____