



2020 CHAMPIONS FALL BASEBALL & SOFTBALL REGISTRATION



The Champions youth baseball and softball league is now accepting registrations for the 2020 Fall Season. All players will be placed on a team by age or school they are attending. The fees will include insurance, officials and a well maintained facility. The season will begin in September and run through October weather permitting. All games will be played Monday through Thursday unless make-up games are needed to be played on other days. All teams will play 8 games beginning in September. The league commissioner will approve all rosters and coaches in the league. We will keep rosters to a minimum size in this league. Early registration fees will be due on July 17 2020. All home games will be played at the Field of Dreams Athletic complex located at 14333 Fairmount Road Basehor, KS 66007. Some away games will be played in other communities within the area. For more information:

Contact Troy @ 785-221-2934 of email @ nkfl1@aol.com or www.playfod.com

PLAYER INFORMATION

Player Name: _____ Male _____ Female _____
 (LAST) (FIRST)

DOB ____ / ____ / ____ Age as of 1/1/2020 ____ Grade: ____ Fall of 2020 School _____

Parent/Guardian Name: _____ E-Mail Address _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____, (W) _____ (C) _____

Emergency Contact:

Name: _____ Phone _____

Interested in Coaching? **YES / NO** (Circle One) Preferred Coach _____

FEE INFORMATION

Deadline Information: Early registration fees by July 17, 2020 T-Ball \$55.00 / Baseball/Softball \$90.00

Fees After July 19 will be T-Ball \$75.00 and Baseball/Softball \$110.00. City of Basehor residents will only will receive a partial refund from the City of Basehor. Please contact the City of Basehor for more information.

Mail Payments To: NYSSO, 8716 SW K-4 HWY, Topeka KS 66614

OR Register online @ www.playfod.com

T-Ball (5/6 year old Boys and Girls) _____ \$55.00 After July 17 \$75.00

Boys Baseball 8UCoach Pitch ____ 10U ____ 12U ____ 14U ____ \$90.00 After July 17 \$110.00

Girls 8U (Coach Pitch) ____ 10U ____ 12U ____ 14U ____ \$90.00.00 After July 17 \$110.00

Check# _____ Cash/MO _____ Date Rec'd _____ Rec'd By _____

Return Check. Fee \$30.00. A \$20.00 processing fee will be charged on all refunds. No refunds will be made after the season begins. Mail payments to: **NYSSO, 8716 SW K-4 HWY, TOPEKA KS 66614**

For all questions please contact Troy Wiseman @ 785-221-2934 or nkfl1@aol.com

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand that secondary insurance is provided with KVL programs. I release the KVL from any and all liability whatsoever resulting from participation in KVL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the NYSSO and the KVL, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20.00 administrative fee assessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$30 processing fee. I understand that photographs of all NYSSO and, KVL activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission. I acknowledge all information and waivers contained herein.

Parent/Guardian Signature _____ Date _____