

FIELD OF DREAMS BURGOON BASEBALL/SOFTBALL REGISTRATION FORM

PLEASE WRITE LEGIBLY - Names on shirts are made from this form

Name of Player: _____

Sex (M | F) Date of Birth _____ Girls Age: _____ as of January 1st this year
Boys Age: _____ as of May 1st this year # of years played: _____

Address: _____

CIRCLE ONE: BASEBALL/ SOFTBALL Fees: (\$100.00 Max per family)

**Please note 5yrs old is the minimum age this year*

CIRCLE ONE BELOW

Coach Pitch (5-6 yrs old) \$30/player (T-Shirts & Hats Only Provided)

C League (7-8 yrs old) \$40/player (Hat, Shirt, Socks Provided)

B League (9-10 yrs old) \$40/player (Hat, Shirt, Socks Provided)

A League (11-12 yrs old) \$40/player (Hat, Shirt, Socks Provided)

PONY League (13-15 yrs old *CANNOT BE A FRESHMAN IN HIGH SCHOOL*)

\$60/player (Hat, Shirt, Socks Provided)

Shirt Size: Circle One: Youth: XS (4-5) S (6-8) M (10-12) L (14-16) XL (18-20)

Adult: XS S M L XL

Number on back of shirt:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

The sign-up session you attend assists the board on choice for your child's number if there are duplicates

This year we are pleased to announce we will be in the Seneca Co. Little League Program

Requests / Extra Info. We Should Know
(Medical Issues?):

Have a service that you think our league could benefit from??

ANY SPECIAL REQUESTS WILL BE REVIEWED BY THE BOARD AFTER SIGN UPS ARE COMPLETE

Name(s) of parent(s) or guardian(s): _____

Home Phone: _____ Mom Phone: _____ Dad Phone: _____

Text: Yes _____ or No _____ EMAIL: _____

Our Baseball/Softball Association needs your help to make this a successful season! Please consider volunteering your time for our youth.

Would you be willing to help with? ___ Coach ___ Umpire ___ Concession Management ___ League/Team Sponsorships

All coaches will need to have their concussion course certificate and a background check & fingerprints completed before your first practice (at no cost to you).

~Have a service that you think our league could benefit from? Please contact a member of our board!!

READ & SIGN BELOW

I hereby give permission for above named child to participate in all activities of the Burgoon Field of Dreams Baseball season. In consideration of the benefits my child will receive through participation in this program, I understand I am to ensure that my child is fully insured against any injury, and against any medical, surgical, hospitalization or other expense that my child may incur as a result of his/her participation in this program. I further agree not to hold Jackson Township, the Burgoon Field of Dreams, any organizational officer, coach, referee, or any other person connected with this program, liable for any injury that I or my child may incur as a result of my child's participation in this program.

Signature of Parent or Legal Guardian _____ Date _____

Board Use

Total Amount Fees Paid: _____

CIRCLE ONE: Cash | Check | Check# _____

Make Checks Payable to: FIELD OF DREAMS

Concession Opt Out \$10.00 Fee
PD _____

CIRCLE ONE: Sign Up Session Attended: 1st 2nd 3rd 4th DROP OFF AFTER SIGN UPS TIME: _____