

# 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 1<sup>st</sup> this year  
Boys Age: \_\_\_\_\_ as of May 1<sup>st</sup> this year # of years played: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

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

\*\*Please note if your child starts at 3yrs, they may end up on a T-Ball Team for 3 years\*

T-Ball (3-6 years old) \$30/player \*Pants Not Provided for T-Ball, T-Shirts & Hats Only\*

8U (7-8 years old) \$40/player (Hat, Shirt, Pants, Socks Provided)

10U (9-10 years old) \$40/player (Hat, Shirt, Pants, Socks Provided)

12U (11-12 years old) \$40/player (Hat, Shirt, Pants, Socks Provided)

15U (13-15 years old) \$60/player (Hat, Shirt, Pants, Socks Provided)

← Circle One

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

**\$5 LATE FEE APPLIES IF SIGNED UP AFTER ORIGINAL REGISTRATION DATES**

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:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

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

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 head coaches will need to have a background check & finger prints 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**

Make Checks Payable to: **FIELD OF DREAMS**

Total Amount Fees Paid: \_\_\_\_\_

**CIRCLE ONE: Cash | Check | Check#** \_\_\_\_\_

**CIRCLE ONE: Sign Up Session Attended: 1<sup>st</sup> 2<sup>nd</sup>**

**DROP OFF AFTER SIGN UPS TIME:** \_\_\_\_\_