

2019 Field Of Dreams Youth Baseball & Softball Registration



The Basehor youth baseball and softball league is now accepting registrations for the 2019 season. All players will be placed on a team by age. The fees will include insurance, awards, officials and a well maintained facility. The season will begin in May and run through June 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 the same number of games based on the league rules. The league commissioner will approve all rosters and coaches in the league. We will keep rosters to a minimum size so all players will get a lot of experience in this league. Volunteer coaches are needed to help with making the league a success. All registration fees will be due on February 1, 2019. 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 go to www.playfod.com For all questions please contact Troy Wiseman @ 785-221-2934 or nkfl1@aol.com

PLAYER INFORMATION

Player Name: _____ Male _____ Female _____

(LAST) (FIRST)
DOB ____/____/____ Age as of 1/1/2019 ____ Grade: ____ Spring of 2019 School _____

Parent/Guardian Name: _____ E-Mail Address _____

Address: _____ City: _____ Zip: _____

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

Emergency Contact:

Name: _____ Phone _____

Interested in Coaching? Yes / No Preferred Coach _____

FEE INFORMATION

Early registration fees are due by February 1, 2019 T-Ball \$70.00 and Baseball/Softball \$105.00 Fees After February 1, 2019 will be T-Ball \$90.00 and Baseball/Softball \$125.00 City of Basehor residents will only receive a partial refund from the City of Basehor. Please contact the City of Basehor for more information. Register online at www.playfod.com

T-Ball (5/6 year old Boys and Girls) _____ \$70.00 **After February 1 \$90.00**

Baseball Boys 8U (Coach Pitch) _____ 10U _____ 12U _____ 14U _____ \$105.00 **After February 1 \$125.00**

Girls 8U (Coach Pitch) _____ 10U _____ 12U _____ 14U _____ \$105.00 **After February 1 \$125.00**

Make Checks payable to NYSSO Mail payments to NYSSO 8716 SW. K-4 Hwy Topeka, Ks. 66614

Check# _____ Cash/MO _____ Date Recd _____ Recd. By _____

Return Ck. 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**

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 _____