

2021 Field Of Dreams Youth Baseball & Softball Registration



The Basehor youth baseball and softball league is now accepting registrations for the 2021 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 early bird registration fees will be due on February 1, 2021. 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. The league will follow all Health Dept. guidelines. 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 1/1/2021 ____ Grade: ____ Spring of 2021 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: _____

Baseball and Softball Fees:

Early Bird registration \$110.00 **After Feb 1 2021 \$130.00**

Register online at www.playfod.com

12 Game Season for all Baseball and Softball teams. 10 game season for all T-Ball teams.

Age as of Jan 1, 2021
 Coach Pitch: _____ 7&8 year olds
 10U Baseball _____
 12U Baseball _____
 14U Baseball _____

Age as of Jan 1, 2021
 Coach Pitch: _____ 7 & 8 year olds
 10U Softball; _____
 12U Softball: _____
 14U Softball: _____

T-Ball 4,5,6 year old (Boys and Girls) \$75.00 **After February 1 \$95.00**

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. City of Basehor residents will only receive a partial refund from the City of Basehor.

Please contact the City of Basehor for more information.

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 accessed. 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 of 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 _____