

**West Rutland Recreation Department  
Registration Form  
Baseball/Softball 2017**

**Registration  
Deadline  
March 31, 2017**

Are you on Facebook? Y N

Paid \_\_\_\_\_ Cash  
\_\_\_\_\_ Check

*Circle team*

**\$10 late fee**

<b>T-Ball: First Time Players Pre-K- Kindergarten \$25</b>	<b>Mighty-Mites: 1st and 2nd Grade \$25</b>	<b>Minors Baseball: 3rd and 4th grade \$35</b>	<b>Majors Baseball: 5th and 6th grade \$40</b>	<b>Minors Softball: 3rd and 4th Grade \$35</b>	<b>Majors Softball: 5th and 6th Grade \$40</b>
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Please add \$10 for Residents of Towns other than West Rutland (\$20 family Cap)

Name of player \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Size for T-Shirt: Youth sm(6-8) \_\_\_\_\_ med(10-12) \_\_\_\_\_ lg(14-16) \_\_\_\_\_ Adult sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ xlg \_\_\_\_\_

Size for Shorts: Youth Sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ Adult sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ xl \_\_\_\_\_

Mother's Name \_\_\_\_\_ Best Phone# \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Best Phone# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone# \_\_\_\_\_

Does your child have any allergies \_\_\_\_\_ If so, explain \_\_\_\_\_

Limitations (if any) \_\_\_\_\_

Who, other than parents, has permission to pick child up? \_\_\_\_\_

I, the undersigned agree and understand that:

1. Participation in this activity can be hazardous and may result in injury, and participation is potentially dangerous to myself and others.
2. I also certify that I am physically capable of participating in this activity.
3. Further, I agree that in consideration for permission to participate in the West Rutland School/Town sponsored programs, I assume all risks of injury incurred or suffered while School/Town premises while participating in programs.
4. RELEASE: In consideration of your accepting this application in the West Rutland School/Town Program, I hereby release myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the School/Town of West Rutland, the West Rutland Recreation/School Department, their Agents, representatives, and assigns for any and all injuries suffered by me in this program.
5. As a matter of caution, the Department strongly recommends that you have accident and health insurance in force when you take part in a Town of West Rutland recreation/school program.
6. I am fully aware and understand that transportation for away games is to be provided by parents.
7. I grant West Rutland Recreation Department permission to use pictures or video of my child including but not limited to the Town's website and Facebook pages to promote their programs.
8. I have read the above informed consent, understand them and agree to abide by them.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Month Day Year

West Rutland Recreation Department Michael Senecal – Director  
35 Marble Street West Rutland, VT 05777 438-2263 phone

Parent volunteers are needed for coaching, officiating, concession stand, and helping to prepare the fields. Please list below what you are willing to help with. Thank you.

Name: \_\_\_\_\_ Interest: \_\_\_\_\_