

1 Child \$75.00

2 Children \$130.00

3 Children \$160.00

Must bring in your Child's Birth Certificate

Wright City Parks & Recreation Department
Baseball, Softball, T Ball Registration Form

Parent/Guardian Consent Form & Medical Treatment Authorization

There will be a late fee of \$25 if you register after Jan. 31st and your child may be put on a waiting list

Please Print GENDER: Male or Female (circle one)

Child's Name: Date of Birth: / /

Mailing Address: City:

Home Phone: Cell Phone:

Email Address: Age:

Father's Name: Mother's Name:

Parents are you interested in: Managing Coaching Assistant coaching Team Helper

Coaches Adult Shirt Sizes: Small Medium Large X Large XX Large XXX Large

Coach/ Team Name from Last Year: Returning Player: Yes or No

Please ensure that you select the correct size. If the size you order is wrong then it is up to you to reorder the correct size and you will be charged for the replacement. (There are no youth x small sizes.)

Youth Shirt Sizes: Small 6-8 YM 10-12 YL 14-16 Adult Sizes: Small AM AL AXL AXXL AXXXL

Youth Pants/ Shorts Sizes: Small YM YL Adult Sizes: Small AM AL AXL AXXL AXXXL

Socks Sizes: Small 6-8 1/2 Intermediate 8 1/2 - 11 Large 9-15

(Shoe size to determine what size sock you need: Youth 12 1/2 - 4 Intermediate 4 1/2 - 8 Large 8 1/2 - 12 1/2)

Hold Harmless Agreement I (parent/guardian) agree to indemnify and hold harmless the City of Wright City, Wright City Parks & Recreation Department, and Wright City R II School District from any claim, damages or loss sustained by reason of participation in the baseball program, and hereby assume the risk of and hereby release the City of Wright City, Wright City Parks & Recreation Department, and Wright City R II School District from any claim, damages, or loss by reason of accident, injury to me or any person or property happening during the course of participating in the activities of the Baseball program. My child or guardian is insured by our personal insurance for incidents and accidents that may arise during games or practices.

Parent/Guardian Signature: Date:

Child's Name:

EMERGENCY MEDICAL TREATMENT RELEASE TO WHOM IT MAY CONCERN: In the event that the above named child is taken to the emergency room or medical care facility in my absence from attendance of the Youth Sports Program at any time during the entire season (including tournaments), my child's team coaches, or any member of the Wright City Parks & Recreation Department, has my consent to authorize treatment for the child by a doctor(s) and /or medical personnel which may be deemed necessary.

I, (the undersigned), do hereby acknowledge that I have given my child permission to participate in the Youth Sports Program with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Wright City Parks & Recreation Department, City of Wright City, and Wright City R II School District all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by the Wright City Parks & Recreation Department, the City of Wright City, and the Wright City R II School District, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in the Youth Sports Program. I understand that a photocopy of this document shall have the same force and effect as the original.

Parent/Guardian Signature: Date: