

# Wright City Parks & Recreation Department

## Baseball, Softball, T-Ball Registration Form

\*\*\* \$80.00 Per Child

\*\*\* All NEW players must bring in a Birth Certificate

\*\*\* Ages 5-14

\*\*\* There is a \$25.00 late fee if you register after January 31st and may be placed on a waiting list.

**Please Print Clearly**

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male or Female (circle one)

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone Number #1 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number #2 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Additional Notes \_\_\_\_\_

**Parents please circle if you are interested in: Coaching Assistant Coach Team Helper  
(Please fill out a Coaches Form)**

**UNIFORMS: Please ensure that you select the correct size. If the size you order is the wrong size then it is up to you to reorder the correct size and you will be charged for the replacement.**

**Youth Shirt Sizes:** X-Small 3-5 Small 6-8 Medium 10-12 Large 14-16

**Youth Pant Sizes:** X-Small\* Small Medium Large X-Large

**Adult Shirt Sizes:** Small Medium Large XL XXL XXXL

**Adult Pant Sizes:** Small Medium Large XL XXL XXXL

**Sock Sizes:** X-Small\* Youth 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 \*WHEN AVAILABLE

**Hold Harmless Agreement:** I (parent/guardian, PRINT) \_\_\_\_\_, agree to indemnify and hold harmless the City of Wright City, Wright City Parks & Recreation Department, and Wright City RII 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 RII 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 and practices.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Received By \_\_\_\_\_

Birth Certificate: Yes No Team Rank \_\_\_\_\_ Coach \_\_\_\_\_ Other \_\_\_\_\_

# Wright City Parks & Recreation

## Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' CODE OF ETHICS:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.

I will place the emotional and physical well-being of my child ahead of my personal desire to win.

I will insist my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches CODE OF ETHICS.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all youth sports events.

I will remember that the game is for youth not adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

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Print Parent Name

Date

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Parent 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 the 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.

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Parent Signature

Date

