

**CONWAY YOUTH BASEBALL
REGISTRATION FORM
Summer 2012**

First Name: _____ Last Name: _____

Date of Birth: _____ Age on April 30th, 2012: _____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Telephone #: _____ Alternate #: _____

Email Address: _____

Uniform Shirt Size: Youth S (6-8) Youth M (10-12) Youth L (14-16)
(circle one)
Adult S Adult M Adult L Adult XL Adult XXL

Are you willing to coach if needed? Yes or No
Do you have an assistant coach? Yes or No If yes, who? _____
Are you willing to sponsor (\$350)? Yes or No

Registration Fees: \$80 per player (includes t-shirt, hat and socks)
\$55 for each additional player (siblings)

Do you play competitive tournament baseball? Yes or No

Team you played for last summer _____

Are you a Catcher or Pitcher? _____

Please rate your child's skill level: Poor Fair Great
1 2 3 4 5

Any special considerations/medical conditions: _____

Please make check payable to Conway Parks and Recreation.

Signature of Parent: _____ Date: _____

Emergency Contact: _____ Phone #: _____

Liability Release: The Conway Parks & Recreation Department is offering youth baseball for ages 6 to 15. No entry will be accepted, unless, this release form is signed by the parent or legal guardian of the player. The undersigned, intending to be legally bound, hereby for myself, my heirs, my executors and administrators, waive, release and otherwise, hold harmless any and all rights and claims for damages I may have against the Conway Parks & Recreation Department, City of Conway, Conway Public School District and their successors and assigns for any and all injuries suffered by me or my minor child as a spectator / participant in this sport: Baseball. Further by signing above, I am giving my consent that my child is physically able to participate, is in good health, free from injury and otherwise fit to participate in this activity. By signing above, I am representing that the entrant, named above, is covered under a health or disability insurance policy or that I am financially responsible for any and all medical or hospitalization costs that may be associated with the entrant's participation.