



## Madison Parks & Recreation Department 2017 Baseball & Softball Registration

Return form to the Madison Parks Department located in the Brown Gym @ 100 South Broadway, Madison  
mailing address 101 W. Main St., Madison, IN 47250 or you can put it in the Water Department's drop box  
at city hall

**Player fee: \$50-Deadline March 31st / Upper League Deadline May 12th**  
(All applications received by the deadline are guaranteed a roster spot. Those that sign-up  
after the deadline may be placed on a waiting list and are subject to a \$20 late fee. Roster  
limits in baseball/softball are 12 per team.)

**\*\*A copy of your child's birth certificate must accompany this application**

Baseball       Softball

Circle the league that you are participating in:

ROOKIE 7-8    MINOR 9-10    MAJOR 11-12    UPPER LEAGUE 13-15

Participant's name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

In case of an emergency (if parent/guardian cannot be contacted):  
\_\_\_\_\_ PHONE \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_    \*AGE as of 5/1/17 \_\_\_\_\_

**\*A player's age as of May 1, 2017 will determine the league that he/she will play in**

**Shirt size: M(10-12) L(14-16) AS AM AL AXL AXXL**

**Are you interested in being a head coach \_\_\_ assistant coach \_\_\_ name \_\_\_\_\_**

**All coaches are required to have a background check on file with the Parks Department.  
These must be renewed every year.**

**\*\*\*Parent agreement/health information\*\*\***

I hereby certify that \_\_\_\_\_ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims rising out of the program which he/she may ever have against the city of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators.

I grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

I also hereby give permission to the city of Madison Parks & Recreation Department to use any photographs taken of my child while participating in this program for the use of promotional literature

Signature of \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

**For more information, call the park office @ 265-8308/493-9840**