

Richland Center Youth Baseball/Softball

3rd - 8th grade Registration Form 2016

Registration fee: \$50 (Parents will also be responsible to cover shifts at the concession stand for games/tourneys)

Last Name: _____ First Name: _____ DOB: __/__/__

Current Grade: _____ M / F Parent or Guardian(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Previously participated RCYBS? Y / N Coach Name(s): _____

Sibling(s) participating in the same division? Y / N Name(s): _____

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

Pants Size: Youth: S (6-8) M (10-12) L (14-16) Adult: (S 28-30) (M 32-34) (L 36-38) (XL 40-42)

Please mail registration form and payment to:

RCYBS P.O. Box 183 Richland Center, WI 53581

Registration deadline is March 25th ~ (No late registration forms accepted)

If you have any questions or concerns, please contact Mark Schmidt at 588-5469

Consent of Medical Treatment:

I hereby give permission in the case of a medical emergency to have immediate care provided by a licensed physician or dentist. This medical care will be provided under necessary conditions to prevent any further serious complications that may occur if left untreated. This will be with the understanding that in an emergency case if an ambulance is necessary, your full consent is also given.

Release of Liability:

I hereby agree to the following rules of Richland Center Youth Baseball and Softball recognizing that possible injury can be associated with the sport, and hereby release any action to be held against the coaches, umpires, and associated personnel from any claim arising out of injury to my child. I hereby authorize or provide myself, the release of responsibility of any officers and /or board members involved with Richland Center Youth Baseball and Softball, Inc.

Parent and or Legal Guardian: _____

Date: _____