

**~ 2018 Richland Center Youth Baseball/Softball ~
Kindergarten-2nd grade Coach-Pitch Registration Form**

(Register by current grade) (Practice starts in May-Games are June/July + end of season tourney/party)

*******Sign-up Night: March 20th, 6pm @The Phoenix Center*******

Registration: \$20 (Deadline: March 20) Late Registration: \$30 (Deadline: March 27)

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

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

Address: _____ City: _____ Zip: _____

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

Medical Issues/Concerns: _____ Sibling(s) participating? _____

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

Fundraiser/Volunteer Options:(Check all boxes that apply) -- OR -- Pay extra \$10 in lieu of Volunteering

I would like to be a Head Coach ____ Grade? ____ I would like to be an Assistant Coach ____ Grade? ____

We will be conducting background checks on all Head and Assistant Coaches being considered

I will help with Field Prep (Pre/During/Post) ____ I will help with Concessions (Weekly/Tournament) ____

I would like to Sponsor a Team ____ (We will email you about different sponsorship opportunities/options)_

If you can't make the sign-up night, please mail registration form and payment to:

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

Contact Mike Davis @ 604-6355 or email to: rcybaseballsoftball@gmail.com

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, if an ambulance is needed, 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 any 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.

WIAA Concussion Policy:

As a Parent or Athlete, it is important to recognize the signs, symptoms and behaviors of a concussion. By signing the registration form you are stating that you understand the importance of recognizing these signs, symptoms and behaviors of a concussion or head injury. More information is available in the office or online. Please seek medical attention if there is any question.

Parent and or Legal Guardian: _____ Date: _____