

**~ 2019 Richland Center Youth Baseball/Softball ~  
3rd-8th grade League Registration Form**

(Register by current grade) (Practice starts in April-Games are May-July + tourneys)

**\*\*\*\*\*Sign-up Night: March 12th, 6pm @The Phoenix Center\*\*\*\*\***

**Registration: \$50 (Deadline: March 12) Late Registration: \$75 (Deadline: March 20)**

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) **Mens:** (S) (M) (L) (XL)  
**Girls:** (GS) (GM) (GL) **Ladies:** (LS) (LM) (LL) (LXL)  
Pants to be purchased on your own: Girls=Black / Boys=Gray.

**Fundraiser/Volunteer Options:(Check all boxes that apply) -- OR -- Pay extra \$25 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/Tournaments) \_\_\_\_\_

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

Misc. Volunteers needed: Score Board worker / Umpires / etc

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: \_\_\_\_\_