



SHELLEY YOUTH BASEBALL Paid Ca, Ck, CC, # _____ \$_____

Players Name: _____ Address: _____

DOB: _____ Age: _____ Current Grade: _____ Shirt Size: _____ Sex: M ___ F ___

Medical Info: Does this child have any disabilities, present injuries, allergies or other medical conditions that we need to be aware of?

Parent/Guardian: _____ Phone: _____

Emergency Contact Name and Phone# _____

Email: _____

Waiver of Liability-Permission to participate -Permission of Emergency Authorization. I recognize the risks inherent with my child’s participation in this program. I unconditionally release the City of Shelley, the Shelley Youth Baseball Organization, its directors, and volunteers from any and all liability or claims that may result from participation in this program unless the injury is a direct result of gross negligence or recklessness of the organization and not caused in part by my child’s own negligence. In case of injury or illness, I give permission for my child to be transported to and receive medical treatment at a local medical facility, and I guarantee payment of all expenses. I have read listed above any special medical conditions that the organization needs to be made aware of regarding medical treatment.

_____ Signature of Parent/Guardian

IF YOU WISH TO HAVE YOUR CHILD PLAY UP, PLEASE MARK THE APPROPRIATE GRADE LEVEL.

“NO PLAYING DOWN” If you live outside of city limits, add 10.00 to cost, City Limits: Yes/ No

T-Ball K-2 Grades, Co-Ed, Cost \$40.00 _____

Pee Wee 3-4 Grades, **Coach Pitch**, Cost \$40.00 _____

Minors 5-6 Grades, 50.00 _____ Majors 7-8 Grades 50.00 _____ **(If we get enough interested)**

Head Coach gets one player entry fee for free. Yes, I can Head Coach/ **Coach Shirt \$12.00 Size** _____

Sponsor: If you wish to sponsor Baseball/Softball this year your company name will be put on the Banner and the money will go towards new equipment for the recreation program. Sponsor Name _____ Amount: _____

Games will be two days a week Monday & Wednesday or Tuesday & Thursday (First games will start at 5:30 pm) (Games will be in June) Please Return to City Hall or Mail to Mikel Anderson, 101 S.

Emerson, Shelley ID, 83274, By April 30th. Additional forms can be printed off the City Web Page. 10.00 late Fee Charge after April 30th **(Coaches Only Drafts will be May 2nd, 3rd)** Question Please Contact Mikel Anderson 208-681-3390 (Please make checks payable to: City of Shelley)