

**BROOK PARK RECREATION
2010
BOYS YOUTH BASEBALL (AGES 7 TO 17)
-RESIDENTS ONLY-**

PLEASE PRINT CLEARLY:

NAME: _____ AGE (AS OF AUGUST 1, 2010): _____

ADDRESS: _____ BIRTHDATE: _____

PHONE # (HOME): _____ (WORK #): _____

PARENTS NAME (FATHER): _____ (MOTHER) _____

REGISTRATIONS WILL BE ACCEPTED UNTIL FEBRUARY 28TH

LAST SEASON'S TEAM NAME: _____

IF A COACH IS NOT FOUND WOULD YOU BE WILLING TO HELP OUT WITH YOUR SON'S TEAM? YES NO

REGISTER FOR THE LEAGUE THEY BELONG IN ACCORDING TO THEIR CHRONOLOGICAL AGE

Check ONE League only:

- _____ 7-8 Pitching Machine Cannot be 9yrs. old on or before August 1st
- _____ 9-10 "A" Cannot be 11yrs. old on or before August 1st
- _____ 11-12 "AA" Cannot be 13yrs. old on or before August 1st
- _____ 13-14 "AAA" * Cannot be 15yrs. old on or before August 1st
- _____ 15-17 Majors* Cannot be 18yrs. old on or before August 1st

* Will be combined with Middleburg & Berea

PLEASE CIRCLE SHIRT SIZE: YS YM YL AS AM AL AXL AXXL
PLEASE CIRCLE PANT SIZE: YS YM YL AS AM AL AXL AXXL

FEES

REC MEMBER: \$35 NON-REC MEMBER: \$40

ALL PARTICIPANTS WILL BE ACCESSED A \$10 LATE FEE AFTER FEBRUARY 28TH

NO REFUNDS UNLESS MEDICAL DOCUMENTATION IS PROVIDED

PLAYERS NEW TO THE PROGRAMS MUST SHOW THEIR BIRTH CERTIFICATE AT THE TIME OF REGISTRATION

PLAYERS MAY BE ON A BROOK PARK TRAVEL TEAM AND A IN HOUSE TEAM IN THE SAME SEASON

I/We, the undersigned do hereby give approval for the above named to participate in the Brook Park Recreation Baseball program; agree to assume all risks and hazards while participating in a scheduled game or practice session, including transportation to and from all activities; agree that neither the City of Brook Park Recreation Dept.; their agents or officers, nor any person or organization connected with this activity will in any way be held responsible or liable for any medical expenses that may be sustained; agree and state that the above named is covered by a Hospital/Medical Plan; and agree, upon request, to furnish the above person's Birth Certificate.

(Parent/Guardian Signature)

(Date)

For office use only

Date _____ Paid _____ Receipt # _____ Emp.Initial _____ BC Verified _____