

**BROOK PARK RECREATION
2008
BOYS YOUTH BASEBALL (AGES 7 TO 17)
-RESIDENTS ONLY-**

PLEASE PRINT CLEARLY:

NAME: _____ AGE (AS OF AUGUST 1, 2008): _____

ADDRESS: _____ BIRTHDATE: _____

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

PARENTS NAME (FATHER): _____ (MOTHER) _____

REGISTRATIONS WILL BE ACCEPTED UNTIL FEBRUARY 29TH

LAST SEASON'S TEAM NAME: _____

SEE INFORMATION SHEET FOR LEAGUE DESCRIPTION

**EVERY PLAYER MUST 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 1 st |
| _____ | 9-10 | "A" | Cannot be 11yrs. old on or before August 1 st |
| _____ | 11-12 | "AA" | Cannot be 13yrs. old on or before August 1 st |
| _____ | 13-14 | "AAA" | Cannot be 15yrs. old on or before August 1 st |
| * _____ | 15-17 | Majors | Cannot be 18yrs. old on or before August 1 st |

* Will be combined with Middleburg & Berea

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

FEES

REC MEMBER: \$25 NON-REC MEMBER: \$30

**ALL PARTICIPANTS WILL BE ACCESSED A \$10 LATE FEE AFTER FEBRUARY 29TH
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 _____