

2017 Preston Recreation Baseball

Coach Pitch (7-8) Minors (9-10) Majors (11-12) Pony (13-14) (pony will play games in surrounding cities also)

Registration Deadline: March 31, 2017

Registration Fees: Coach Pitch \$40 Minors \$40 Majors \$40 Pony \$40

Fee includes hat, shirt, & pants

Player Name _____ Age on April 30th _____

Address _____ City _____ State _____

Date of Birth _____ Shirt Size: YS YM YL AS AM AL

List any medical issues player has _____

Parent or Guardian Information

Name _____ Relationship to Player _____ Cell # _____

Name _____ Relationship to Player _____ Cell # _____

Volunteer Information

Volunteer Name _____ Phone # _____ Email _____

What do you want to volunteer for: _____ Coach _____ Asst. Coach _____ Shirt Size _____

Coach's kid(s) will be placed on their team.

After the application deadline you will be contacted with a time and place for an age group practice. (except coach pitch) In an effort to form equally skilled teams. The ball players will demonstrate their baseball skill level. Two days after that you will be contacted by your new coach.

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Preston Recreation Board and the league and its affiliated organizations in which the registrant participates. Recognizing the possibility of physical injury associated with baseball, I hereby release, discharge and indemnify against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to and from the same, which transportation I hereby authorize. I agree to see that the registrant is picked up from practices and games by the appointed time and hereby release the coaches and Preston Recreation Board from responsibility for registrant after such time. I understand the goals of the Preston Recreation Programs are based on fun, fair play, sportsmanship, skill development and teamwork. I agree to conduct myself in accordance with these goals.

CONSENT FOR MEDICAL TREATMENT (Minors): As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of dentistry or certified emergency medical technician. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well-being of the registrant.

Parent/Guardian Signature _____ Date _____

Mail or deliver the forms along with cash, check or money order to:

City of Preston
70 West Oneida
Preston, ID 83263

Any questions text or call Ande Phillips 208-406-2766