

2024 CLEARWATER RECREATION COMMISSION
YOUTH BASEBALL & SOFTBALL

***** REGISTRATION DEADLINE: March 7, 2024 *****

Submit form with payment to Recreation Office in Clearwater Library (109 E. Ross)

Player Name _____ D.O.B. ____/____/____

Street, City & Zip _____ Phone _____

<u>LEAGUE</u>	<u>AGE</u>	<u>FEE</u>	<u>PLAYER'S AGE ON:</u>
<i>check one:</i>			
_____ Coach Pitch Coed	5 & 6	\$40	May 1, 2024 _____
_____ Machine Pitch Boys	7 & 8	\$60	May 1, 2024 _____
_____ Machine Pitch Girls	7 & 8	\$60	Dec. 31, 2023 _____
_____ Baseball Boys	9 & 10	\$65	May 1, 2024 _____
_____ Softball Girls	9 & 10	\$65	Dec. 31, 2023 _____
_____ Baseball Boys	11 & 12	\$70	May 1, 2024 _____
_____ Softball Girls	11 & 12	\$70	Dec. 31, 2023 _____
_____ Baseball Boys	13 & 14	\$80	May 1, 2024 _____
_____ Softball Girls	13 & 14	\$80	May 1, 2024 _____

*** Multiple children discount: 1st child pays 100% of highest priced division. 2nd child pays 75% of 2nd highest priced division. 3rd and remaining children pay 50% of remaining divisions. *Children must all reside at the same address during the baseball and softball season.*

Circle correct size for player:

Shirt Size:

(Youth)	Small	Medium	Large	
(Adult)	Small	Medium	Large	XL

I WOULD LIKE TO VOLUNTEER AS: HEAD COACH _____
ASSISTANT COACH _____

Participation Waiver

We, or I, as parent and/or legal guardian of the participant named above, hereby give consent for my minor child to participate in this program and all other activities incidental thereto, including practice, game participation, being a spectator thereto, and any incidental travel connected with the activity. I further agree to assume full responsibility in case of any accidental injury incurred while participating in the activity. By enrolling, I waive and release all rights and claims arising from this activity against Clearwater Recreation Commission, the City of Clearwater, USD #264, its representatives, successors and coaches from injury, illness and accident resulting in participation in this program.

 Parent/Guardian Signature

 Date

Please complete information on reverse side

MEDICAL INFORMATION

Parent/Guardian _____ Cell Phone _____

E-mail Address _____

Medical Insurance Co. _____ Policy # _____

Name of Physician _____ Hospital _____

Emergency Contact _____ Phone _____

In the event of an emergency where the parent/guardian is not present, I

_____ do hereby release _____
(parent/guardian) (player's name)

for transportation and/or treatment of the injury to the nearest hospital.

Yes _____ No _____

If NO, specify place of treatment and instructions here: _____

Signed _____ Date _____
(parent/guardian)

Team selection policy: (approved by Recreation Board on August 10, 2011)

* Recreation Director will divide teams for Coach Pitch with requests being honored as much as possible.

* For ages 7 and up, Each Head Coach will be allowed their child(s) and one other player. Coaches work together to create equal teams using remaining players, not knowing which team they will be given. Once teams are established, coaches are given a team roster. If there are late sign-ups, coaches must meet again to divide remaining players. Requests will only be granted if coaches agree to switch players once team rosters have been established, switching players will only be allowed at the coaches' meeting.

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\$10 late fee does not guarantee a spot on a team

SUBMIT FORM WITH PAYMENT TO:
CLEARWATER RECREATION OFFICE
109 E. Ross (in Clearwater Public Library)

Check # _____ Cash _____ Amount Paid _____ Date _____