



**DEADLINE IS
APRIL 12, 2020**



Hoisington Recreation Commission ♦ PO BOX 96 ♦ Hoisington, KS 67544 ♦ 620.653.4050

2020 Summer Baseball / Softball Registration

AGE DIVISIONS: GIRLS' AGES AS OF JAN 1ST - BOYS' AGES AS OF MAY 1ST

Players Name: _____ M _____ F _____ Date of Birth _____

AGE: _____ GRADE: _____ SHIRT SIZE: _____ COACH/VOLUNTEER

TEXT
AVAILABLE

Parent/Guardian: _____ Telephone: _____ **Y N**

Address: _____ City _____ St. _____ Zip _____

Check One	League	Age	Fee
	TEE BALL	4 & 5 year olds	\$ 10.00
	GIRLS COACH PITCH	6 & 7 yr olds (as of Jan 1)	\$ 20.00
	GIRLS KID PITCH	8 & 9 yr olds (as of Jan 1)	\$ 25.00
	GIRLS KID PITCH	10 -12 yr olds (as of Jan 1)	\$ 30.00
	BOYS COACH PITCH	6 & 7 yr olds (as of May 1)	\$ 20.00
	BOYS MACHINE PITCH	8 & 9 yr olds (as of May 1)	\$ 25.00
	BOYS KID PITCH	10-12 yr olds (as of May 1)	\$ 30.00
	BOYS K-18 LEAGUE	13-15 yr olds (as of May 1)	\$ 45.00

SHIRT SIZES
YXS
YS
YM
YL
YXL
AS
AM
AL
AXL

\$5 late fee after 4/12/20

Waiver and Consent Statement

I, the undersigned parent or guardian of the player listed above state that I understand that the Hoisington Recreation Commission, its officers, director and staff is not nor shall be responsible for, or liable for injury or illness to any person or damage to property resulting from the program in which my child or ward is enrolled or from his/her participation in said program. I, also, assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless the Hoisington Recreation Commission, it's officers, director and staff and/or any other civil or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to the child or person. In the case of sickness or injury, I authorize the calling of 911 and/or providing other necessary first aid and medical services. I understand that responsible measures will be taken to safeguard the health and safety of the participant. I, the undersigned, also, waive any and all claims that he/she or his/her heirs, executors, administrators or assigns may claim to have resulting from any photograph, video, or reproduction thereof said person while participating in the Hoisington Recreation Commission programs. I understand that I may be transported by activity bus while participating in Hoisington Recreation Commission trips or activities.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENT. SIGNATURE: _____

Amount paid: _____ Cash _____ CC _____ Check # _____ (payable to HRC) Date: _____
-----for office use only-----
Receipt # _____ Entered in computer by: _____