

Check# _____
Amount paid _____

**2020 Beresford Baseball/Softball Association
Pee-Wee Baseball Program**

Name _____ Age _____ Date of Birth _____

Parent/guardian(s) _____ Email _____

Address _____ Cell Number _____

Additional Parent/guardian(s) _____ Email _____

Address _____ Cell Number _____

Local emergency name _____ Phone _____

___ Recreational Pee-Wees 6-7 yr. old (Coaches pitch) – No travel.

***We will only have this if we have more than 15 players

COST: \$40

___ Traveling Pee-Wee baseball 7-8 yr. olds (Coaches pitch)- will compete and travel to other communities (must have parent coaches volunteer to coach this team. If we do not have enough children or coaches interested, we will not travel)

COST: \$100 if registered by March 16
 \$130 if registered between March 17 and March 31
 \$150 if registered after March 31

Are you willing to serve as a Coach or Assistant Coach
 _____ Yes _____ No

Grants: Financial need grants are available. If you are unable to afford the fee, please visit with the Director and fill out a short, confidential form for your grant. No one will be turned away.

Drop in school office or mail to 305 west Oak c/o PRCE

Rec. Ball Jersey Size or Travel Team Jersey Size

Complete this form and return along with your check.

(If in doubt, please order larger size)

Youth sizes: __Small __Medium __Large

Adult sizes: __Small __Medium __Large __XL

The Beresford Baseball/Softball Association, in making this recreational activity available for the participation of your child, assumes no responsibility for injury. The responsibility for injury is assumed entirely by the participant and/or the parent or guardian. Participants in recreational activities are not covered by any special insurance coverage. Therefore, participants should have adequate insurance coverage. I ACCEPT THE RESPONSIBILITY AS STATED ABOVE.

Printed Name: _____

Signature: _____

Date _____

Thank you, The Beresford Baseball/Softball Association Board of Volunteers