Check#_____ Amount paid_____

2020 Beresford Baseball/Softball Association Pee-Wee Baseball Program Typically 7-8 Year Olds		
Name	Age Date of Birth	
Parent/guardian(s)	Email	
Address	Cell Number	
Additional Parent/guardian(s)	Email	
Address	Cell Number	
Local emergency name	Phone	

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 21 \$130 if registered between March 21 and March 31 \$150 if registered after March 31

The Pee Wee Program will be playing in a league made up of area towns t-ball teams. We will rely on parent volunteer coaches to coach the teams

As a parent I am willing to serve as a Coach or Assistant Coach for the team.

_____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: Beresford PRCE 305 W. Oak St. Beresford SD. 57004

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