

Check# \_\_\_\_\_  
Amount paid \_\_\_\_\_

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

Name \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_

Parent/guardian/s \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Additional Parent/guardian/s \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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.**

Sign up at Sign Up Night Tuesday March 12; Drop in school office or mail to 305 west Oak c/o PRCE

**Rec. Ball T-shirt Order**

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