

Oconto Falls Park and Recreation Registration 2021

Deadline: March 26th, 2021 (late fee \$20 extra)

One Registration form per child

T-BALL (co-ed) 5-6 YRS. OLD	MIDGETS (co-ed) 7-8 YRS OLD 1 st & 2 nd grades	10u Boys Minors 9-10 Yr Olds 3 rd & 4 th grades	12u Boys Majors 11-12 Yr Olds 5 th & 6 th grades	10u Girls SB Minors 9-10 Yr Olds 3 rd & 4 th grades	12u Girls SB Majors 11-12 Yr Olds 5 th & 6 th grades	14u SB Babe Ruth 13-15 Yr Olds 7 th , 8 th , 9 th grades
FEE 30.00	FEE 30.00	FEE 45.00	FEE 45.00	FEE 45.00	FEE 45.00	FEE 50.00
Includes t-shirt Pick size below	Includes t-shirt Pick size below	Includes hat & jersey provided	Includes hat & jersey provided	Includes visors & jersey provided	Includes visors & jersey provided	Includes visors & jersey provided
GAME NIGHT Monday 6pm	GAME NIGHT Tue -Thur 6pm	GAME NIGHT Mon-Wed 6pm	GAME NIGHT Tue -Thur 6pm	GAME NIGHT Tue -Thur 6pm	GAME NIGHT Mon - Wed 6pm	GAME NIGHT Mon-Wed 6pm
Shirt Size:	Shirt Size:					
SMALL	SMALL					
MEDIUM	MEDIUM					
LARGE	LARGE					

***Please be aware if at any time our numbers are low in any of the girls or boys 10u, 12u, 14u leagues that we will be looking to combine players with the Abrams league. This would ensure that all the children get a chance to play ball. If this would happen, we would make all families aware.**

ALL FAMILIES are expected to work at concession stand during 1 to 4 home games depending on schedule

PLAYERS NAME: _____ DOB _____ / _____ / _____ AGE _____ GENDER _____ CURRENT GRADE _____

LEVEL: _____ FEE: \$ _____ FAMILY PLAN: \$ _____ (Max payout \$130.00 includes all summer park programs)

PARENT Name _____ Phone # _____ Email _____

PARENT Name _____ Phone # _____ Email _____

PARENT Address _____ EMERGENCY CONTACT _____ # _____

CHECKS PAYABLE TO "CITY OF OCONTO FALLS" FORMS & PAYMENT SENT/DROPPED OFF AT THE OFES, WMS or ST. ANTHONY SCHOOLS OR CITY HALL

PARENT MEETING TBD **COACHES MEETING TBD**

Name _____ Phone# _____ Level wanting to coach _____

Coaches still needed for: T-Ball need 3, Midgets need 3, 10u Minors need 1 girls/1 boys, 12u Majors need 1 girls/1 boys

*****please remember if no coaches step up to coach for these open positions some children may not be able to play******

Rules on Abrams web: aybbaseball.com Forms: www.ci.ocontofalls.wi.us go to Departments/Park & Rec

ANY QUESTIONS PLEASE CALL/TEXT SHEILA MANNS 920- 604-2499 EMAIL: SMANNSPARKREC@GMAIL.COM

OFFICE USE ONLY: DATE RECEIVED _____ CASH _____ CHECK _____ AMOUNT PAID \$ _____ Hat/Visor _____

I the parent/guardian of _____ (child's name)
We have read and understand the parent's agreement form and agree with the statements and agree to conduct ourselves in a manner consistent with each. We understand that for the success of the program, we must follow these guidelines and furthermore, encourage my teammates/parents to do the same. I have read and agree to the parents guidelines. I understand that failure to meet the requirements of the contract may result in loss of opportunities to continue with this program.
By signing this contract, I promise to abide by all of the rules of this program.

Athlete Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Waiver and Release from Liability:

As parents or legal guardian of the minor named herein. By filling out the registration form I certify that my child has my permission to participate with the Oconto Falls Park and Recreation summer programs in league, tournament or practice during these programs season. I understand and acknowledge that the minor named herein may suffer injury by participating in the sport of base/softball. I agree to release, indemnify and hold harmless to the city of Oconto Falls or any of its members or volunteers from all liabilities, claims, suits, loss, injury or damage to my child's or his/her personal property arising from being involved in this program. I am responsible for the minor behavior and assume responsibility for uniforms and equipment. I am aware that no refund will be given after the coaches meeting date.

Parent/Guardian's Signature: _____ Date: _____

Concussion agreement release:

As a Parent and as an Athlete it is important to recognize the signs, symptoms and behaviors of concussions. By signing this for you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement: I _____ have read the parents concussion and head injury information and understand what a concussion is and how it may be caused. I also understand the common signs symptoms and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/ play too soon.

Parent/Guardian's Signature: _____ Date: _____

Athlete Agreement: I _____ have read the Athlete Concussion and Head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/ play too soon.

Athlete Signature: _____ Date: _____

To learn more about concussions go to: www.cdc.gov/concussion; or www.wiaawi.org or www.nfhs.org