## CRITTENDEN COUNTY DUGOUT CLUB

2010 Youth Baseball/Softball Registration Form

For Official Use:		
Fee Late Sign U	Check Cash	
Check #	Initials:	

Registration form must be received by March 28, 2010 with a \$25.00 Fee per child and a copy of Birth Certificate for the player (fee for T-Ball and Co-ed Rookie is \$20 per child). If anyone registers after April 1, 2010, you will be required to pay the full fee and purchase the uniform from the Dugout Club vendor. Anyone wishing to register after April 15<sup>th</sup> will have to be approved by the Dugout Club Board of Directors. We want everyone to play, if you cannot afford the full registration fee, talk to a board member at registration.

registration.				
NOTE: We reduced the fee this year due to the economy and		t agree to work in the		
concession stand to receive this reduced price. Please complete the following:				
I agree to work 2 two-hour sessions (per child in the program) in the concession stand during the season.				
I will not work in the concession stand (if you chose not to work, your fee will be \$20 extra per child, maximum \$40)				
1. Signup days: February 20 <sup>th</sup> and 27 <sup>th</sup> at Middle School Gyn 2. The cutoff for age grouping for Baseball is a player turning 3. All leagues with the exception of T-ball will have away ga 4. With the exception of T-Ball co-ed rookie league, boys mu 5. Skills Assessment will be on February 20 <sup>th</sup> and 27 <sup>th</sup> at the required to participate in the skills assessment.	g a year older before August 1st. For mes. ast play baseball and girls must play	softball.		
T-Ball League ( ages 3-4 Boys & Girls) Must turn 3 before M	fay 1 <sup>st</sup>			
Rookie (ages 5-6 Boys & Girls) Must turn 5 before May 1 <sup>st</sup>				
Boys Baseball (Check One) Rookie (7 – 8) Minor (9 – 10)				
Girls Softball (Check One				
PERSONAL INFORMATION:				
Player Name:	Age:	DOB:		
Address:		Phone:		
Last Team to play for:		Year Played		
Shirt Size: (NOTE: Shirt size should be one size larger than normally worn)				
Check One: 6/8 10/12 14/16 Adult S Adult M Adult L Adult XL Adult XXL Other:				
Do you want to: Coach Umpire Other:				
PARENT/GUARDIAN CONSENT FOR TREATMENT:  I herby give my consent for any treatment as provided by his/her coach or other adult escort in case of an injury or illness while participating in any practice, game or other league activity sanctioned by the Crittenden County Dugout Club. I understand that this is to prevent undue delay in treatment. Furthermore, I agree to allow my child to be taken to a licensed physician and/or their designee in the case of an emergency. I will list any allergies and/or pre-existing physical conditions that need to be noted before treatment. (use back if needed)				
Allergies:	Pre-existing Conditions:			
Mother's Name:	F 4 1 N			
Player Covered Under Insurance Policy: Yes No				
Name of Insurance:	Policy #:			
Signature:	Relationship:			

Date: