



## Youth Baseball & Softball Registration

**Teams will be formed in junction with Mt. Vernon, all practices and games will be played in Mount Vernon.**

**Deadline for sign-up is April 13th**

**NO REGISTRATIONS WILL BE TAKEN AFTER April 13th**

**Fee:** \$40 - includes shirt and hat

**Coaches Meeting:** TBD at Mt. Vernon City Hall

**Practice/Games:**

Softball: practice on Tuesdays and games on Thursdays

Baseball: practice on Monday and games on Wednesdays

**Equipment:** All participants need a glove (gray pants recommended for boys, black shorts recommended for girls.) No metal cleats allowed. Please put your name on all equipment. Team shirts will be provided.

**Team Assignment Policy:** NO special team or carpooling requests. Children living in the same household will be placed on the same team.

Submit forms and payment to Lisbon City Hall.

**Make checks payable to:** City of Lisbon.

A \$15 fee for any returned payments.

**No refunds after first practices.**

Questions please contact City Hall: 455-2459

*For updates and news follow us on Facebook - Lisbon Parks & Rec.*



**3rd Grade - 6th Grade**

**Baseball**

**&**

**Softball**

**REGISTRATION**

**Lisbon Parks &**

**Recreation Department**



# Youth Baseball & Softball Registration

Must be signed for your child to play

## PARENT/GUARDIAN PLAYER WAIVER:

I hereby understand that my child has registered to participate in the program listed above, which is sponsored by Lisbon Parks and Recreation. I understand that this program, like most programs similar in nature, present and invoke some degree of inherent risk of physical injury. I understand that the participants assume full responsibility for any bodily injury incurred while taking part in the activity. No medical insurance is provided by the City of Lisbon or Lisbon Parks and Recreation. If your child requires special attention you will need to provide an assistant to help your child during practices and at games.

By signing this waiver, I agree that my child is in good physical condition appropriate for the activity selected, and give permission for my child to participate in this program and to ride with a responsible adult to the out of town games. All children will be required to wear seat belts while traveling. I hereby release the coaches, driver(s), the City of Lisbon and Lisbon Parks and Recreation of any responsibility for any accidental mishaps that may occur en route to or from any game or practice. I give my permission to use unnamed photos of my child for Park and Rec. promotions in flyers and on the website.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CODE OF CONDUCT:

In order for participation in our program please read the following and sign.

We strongly encourage our parents/spectators to lead by example. Positive and supportive adults create an environment that best helps a child to learn and grow. Please know that disparaging comments will NOT be tolerated and will be addressed very firmly, with the possibility of your child being kicked off the team with no refund.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**WIN AND LOVE GRACIOUSLY - SUPPORT DON'T  
CRITICIZE - RESPECT PLAYERS, COACHES, REFEREES  
AND EACH OTHER!**

# Youth Baseball & Softball Registration

(Please fill in the information according to the current school year)

## Player Information

Name	Gender	Grade Level	Birth Date
1. _____			
2. _____			
3. _____			
4. _____			

Shirt Size: YS YM YL YXL AS AM AL AXL AXXL  
(6-8)(10-12)(14-16) (16-18)

*For multiple players please indicate above which size belongs to which player.*

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENT INVOLVEMENT: Our kids need your help!

Name: \_\_\_\_\_

Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Waiver on back must be signed before returning.**

