

Baseball League Registration

Player Name _____

Parent/Guardian Names: _____

Address: _____

Mom E-Mail: _____ Dad E-Mail _____

Mom Cell #: _____ Dad Cell #: _____

Shirt Size: Youth S (6-8) M (10-12) L (14-16) Adult S M L XL

First Year in Baseball League? Yes No If No Last Year's Coach: _____

Positions Played: Pitcher _____ Catcher _____ Infield _____ Outfield _____

Medical Conditions Your Child May Have: _____

School & Grade for '23 - '24: _____ Date of Birth: _____ Age as of January 1st, 2024 _____

Which age group do you request your child to play on. No child can play down in age level but in certain cases they can play up a level.

8U _____ Reason _____

10U _____ Reason _____

12U _____ Reason _____

Volunteering is the key to the program's success...please consider helping as:

Head Coach _____ Assistant Coach _____ Team Parent Coordinator _____

My signature means that I understand my child may be injured while practicing or playing baseball and that I agree to release the MinnDak League from any responsibility for any injuries obtained by my child.

I, the parent of the above-named child, who is a candidate for a position on a MinnDak Baseball team, hereby give my approval for their participation in any and all of the activities of the league during the current season. I assume all risks and hazards incident to the conduct of the activities and transportation to and from league events. I do hereby release, Absolve, Indemnify, and hold harmless the coaches, the organizers, the supervisors, and the board, any or all of them. In case of injury to child, I hereby waive all claims against the organizers, the sponsors, the coaches or any of the board members and supervisors appointed by the league. I likewise release from responsibility any person transporting my child to and from activities. I give permission for treatment of any medical injury received during participation.

SIGNATURE OF PARENT/GUARDIAN (Required) _____