

West Rutland Recreation Department

Baseball/Softball 2024 REGISTRATION FORM

Registration Deadline March 31, 2024*Circle appropriate team****\$10 late fee***

T-Ball: First Time Players Pre-K- Kindergarten \$30	Mighty-Mites: 1st and 2nd Grade \$30	Minors Baseball: 3rd and 4th grade \$35	Majors Baseball: 5th and 6th grade \$35	Minors/Majors Softball: 3rd – 6th Grade \$35
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(NON-RESIDENTS: PLEASE ADD \$10 (\$20 FAMILY CAP). MAKE CHECKS PAYABLE TO “TOWN OF WEST RUTLAND” & DROP OFF AT THE WEST RUTLAND TOWN HALL OUTSIDE DROPBOX. DO NOT RETURN COMPLETED FORM AND/OR PAYMENT TO THE SCHOOL)

Name of player _____ Date of Birth _____ Grade _____

Address _____ Phone # _____ Sex _____

Size for T-Shirt: Youth sm(6-8) _____ med(10-12) _____ lg(14-16) _____ Adult sm _____ med _____ lg _____ xlg _____

Mother's Name _____ Best Phone# _____ Email _____

Father's Name _____ Best Phone# _____ Email _____

Emergency Contact Name _____ Phone# _____

Does your child have any allergies _____ If so, explain _____

Limitations (if any) _____

Who, other than parents, has permission to pick child up? _____

*Communication about games, practices and cancellations will be made on the West Rutland Rec Facebook page. It is the responsibility of parents/guardians to check the site for schedule updates.

I, the undersigned agree and understand that:

1. Participation in this activity can be hazardous and may result in injury, and participation is potentially dangerous to myself and others.
2. I also certify that I am physically capable of participating in this activity.
3. Further, I agree that in consideration for permission to participate in the West Rutland School/Town sponsored programs, I assume all risks of injury incurred or suffered while School/Town premises while participating in programs.
4. RELEASE: In consideration of your accepting this application in the West Rutland School/Town Program, I hereby release myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the School/Town of West Rutland, the West Rutland Recreation/School Department, their Agents, representatives, and assigns for any and all injuries suffered by me in this program.
5. As a matter of caution, the Department strongly recommends that you have accident and health insurance in force when you take part in a Town of West Rutland recreation/school program.
6. I am fully aware and understand that transportation for away games is to be provided by parents.
7. I grant West Rutland Recreation Department permission to use pictures or video of my child including but not limited to the Town's website and Facebook pages to promote their programs.
8. I have read the above informed consent, understand them and agree to abide by them.

Signature of parent/guardian_____
Month Day Year

West Rutland Recreation Department: Aimee Pittrich – Director

35 Marble Street, West Rutland, VT 05777 ~ 802-438-2263 ~ e-mail: recreation@westrutlandvt.org<https://www.facebook.com/westrutlandrecreation><https://www.westrutlandvt.org/recreation/>

Parent volunteers are needed for coaching, officiating, concession stand, and helping to prepare the fields. Please list below what you are willing to help with. Thank you.

Name: _____ Interest: _____