

2019

YOUTH BASEBALL AND SOFTBALL REGISTRATION FORM

Tri-County League

- A copy of a **birth certificate** must be on file for 7-8 & up.*

Please indicate which category: Softball _____ Baseball _____ T-Ball (CoEd) _____

League placement is determined by age as of **APRIL 30th OF THE CURRENT YEAR** (i.e. – Child turns 11 on May 1st Child is classified as a 10 year old for the season. Child turns 11 on April 30th; child is classified as an 11 year old)

A player registration form must be completed for each child participating in the Youth Ball program. **Completed forms must be signed & returned to:**
 St. Marys Recreation Department
 200 S. 7th
 St. Marys, Kansas 66536

Make checks payable to the *City of St. Marys*

REGISTRATION & PAYMENT DEADLINE
4:00 p.m.
Thursday, March 7th
 (Fees will be *DOUBLED* if received after the draft)
Rosters are final on May 1st

PLEASE NOTE:
 Registration forms will not be accepted without full payment.
No Refunds.

AGE/LEAGUE (Circle one)	COST	
	RESIDES IN CITY LIMITS	RESIDES OUTSIDE CITY LIMITS
5 - 6 yr. olds – Co-ed T-Ball	\$20 R	\$25 NR
7 - 8 yr. olds – Machine Pitch	\$35 R	\$40 NR
9 – 11 yr. olds – Tri-County	\$40 R	\$45 NR
12 - 14 yr. olds – Tri-County	\$50 R	\$55 NR

WAIVER INFORMATION:
 A waiver form must be completed & turned in with this registration form if you would like for your child to play in a town other than where they currently reside or attend school **OR** if you would like for them to play down an age group. (Special restrictions apply – please see the waiver form on the back of this document.)

PROGRAM INFORMATION:

- **Practices:** Tentative start mid- April. Coaches will notify players with practice information.
- **Games:** Tentative start mid-May for ALL age groups. Coaches will distribute schedules.
- **Questions:** E-mail mayhewjames13@gmail.com
- **Sponsors:** The City of St. Marys will print the name of a business on the back of the shirts of any team the business sponsors. \$100 Fee.

Business Name _____ Contact _____

You know you are a true baseball player when...

1. You call your dad coach.
2. You have a batting cage in your backyard.
3. You think there are 3 strikes to everything in life.

COACHES NEEDED!

I AM WILLING TO COACH:

_____ Head Coach _____ Assistant Coach

Name _____

Phone # _____

Check your T-shirt size:
 _____ Md _____ Lg _____ XL _____ XXL

Email _____

PLAYER _____ SEX _____

D.O.B. ____ / ____ / ____ AGE AS OF APR 30TH OF CURRENT YEAR _____

ADDRESS _____ CITY _____

SCHOOL ATTENDING/HOME SCHOOL _____

PREFERRED CONTACT # _____ PARENT NAME _____

E-MAIL _____ SECONDARY CONTACT # _____

Player T-Shirt Size (check one)

____ Y Sm ____ Y Md ____ Y Lg ____ Y XLg ____ Adult Sm ____ Adult Med ____ Adult Lg ____ Other

TRI-COUNTY CODE OF CONDUCT: All managers, coaches, officials, parents/spectators shall be expected to teach fair play & good sportsmanship to their players/children through "good example" & "conduct". Sportsmanship includes respecting officials & accepting their decisions without question, leading your team/children & fans to respect officials by being a "good example" & treating all individuals with respect & courtesy. Each party listed above also agrees to conduct themselves with good sportsmanship before, during and after all games, be knowledgeable of the League Rules, & enforce the prohibition of alcoholic beverages or tobacco of any form in the dugouts or on the playing field by anybody. Violations of this code will be documented & consequences pursued through the Tri-County League. I have read & understand this code.

Parent/Guardian: I hereby consent that my minor child named above may participate in this program. I hereby waive and release the City of St. Marys, their agents or employees, from any claims or damages that I or my child may have as a result of participating in a City of St. Marys program or sport. I assume all risks and hazards incidental to participation in this sport and hold harmless the City of St. Marys and its employees. **I have read & understand all the information contained on this registration form.**

Parent/Guardian Signature _____ Date _____



ST. MARYS RECREATION WAIVER FORM

This form may be used to request a waiver for any St. Marys Recreation activity. A waiver form must be completed if you would like your child to:

1. Play down an age group.
2. Play in a town other than where they reside or attend school.
3. Play in the Tri-County League, but your residence or school attendance is outside of the League towns.

Requests to be placed on a relative's or friend's team will not be considered. All siblings in the same age group will be placed on the same team.

CHILD'S NAME: _____ D.O.B. ____ / ____ / ____

PARENT NAME: _____ PHONE # _____

ADDRESS _____

EXPLANATION OF REQUEST: _____

Parent/Guardian Signature

Date

The Tri-County League will review all requests, and has the right to approve or reject any requests. You will be notified of the decision.



YOUTH SOCCER

REGISTRATION FORM

CITY OF ST. MARYS

The City of St. Marys is forming soccer teams for youth age 4 to 18. All games will be played in St. Marys starting in late March and ending in early May.

Teams will be divided by age. Boys and girls will play on separate teams. The City may combine youth in the 4-5-6 age group if there aren't enough registrants. The City reserves the right to refund registration fees if not enough youth sign up for a particular age group.

This registration form (with fee) must be returned to St. Marys City Hall at 200 S. 7th by Monday, March 4, 2019 @ 4:00 p.m.

Registration fee is \$20 for city residents & \$25 for non-residents.

A \$10 late fee will be required on all registrations received after the deadline– with no guarantee of placement. Refunds will not be given unless due to injury or illness that prevents a youth from participating in all games.

PLAYER NAME _____ GRADE _____

AGE _____ BOY ____ GIRL ____ has your child played this sport before -- YES NO

ADDRESS _____ CITY _____ ZIP _____

PREFERRED CONTACT # _____ PARENT NAME _____

E-MAIL _____ SECONDARY CONTACT # _____

Player T-shirt Size (check one)

Youth SM ____ Y MD ____ Y LG ____ Y XL ____ Adult SM ____ A MD ____ A LG ____

COACHES AND VOLUNTEERS NEEDED!

I am willing to be a coach

Name _____
Telephone # _____

I am willing to referee or assist coach in another manner

Name _____ Telephone # _____

I hereby consent to my child participating in this program. I understand that all physical activities pose a risk of injury. I hereby release the City of St. Marys their agents or employees, from any claim that my child or I may have for the injuries that my child sustains during participation in this activity.

Parent or Guardian Signature _____ Date _____

If you have questions please contact the recreation director at: mayhewjames13@gmail.com or at 785-207-1023.