

CRC BASEBALL/SOFTBALL LEAGUES FOR SUMMER 2020

The CRC does reserve the right to request a Birth certificate to verify the ages of any required participant, the CRC will make copies!

DIVISIONS OFFERED AND AGE REQUIREMENTS (Children will participate within their age division, no exceptions)!

BOYS:

Blast ball (COED) **Age 4** Age as of May 1, 2020

T-ball (COED) **Ages 5-6** Age as of May 1, 2020

Pee Wee Baseball **Ages 7-8** Age as of May 1, 2020

****Farm Baseball**** **Ages 9-10** Age as of May 1, 2020

****Top Baseball**** **Ages 11-12** Age as of May 1, 2020

13-15 Baseball **Ages 13-15** Age as of May 1, 2020

16-18 Baseball **Ages 16-18** Age as of May 1, 2020

GIRLS:

Blast ball (COED) **Age 4** Age as of May 1, 2020

T-ball (COED) **Ages 5-6** Age as of May 1, 2020

Midget Softball **Ages 7-8** Age as of January 1, 2020

****Farm Softball**** **Ages 9-10** Age as of January 1, 2020

****Top Softball**** **Ages 11-12** Age as of January 1, 2020

****Junior Softball**** **Ages 13-16** Age as of January 1, 2020

ALL FORMS MAY BE PICKED UP AT THE CRC OFFICE OR PRINTED OFF THE CRC WEBSITE.

www.coffeyvillerec.com & Register online!

****These leagues will have games in Coffeyville and Caney. We are partnering with Caney Valley Recreation Commission****

CRC BASEBALL/SOFTBALL

PLEASE SEE BACK OF THIS FORM FOR AGES/DIVISIONS OFFERED!

Complete this form and return it along with the registration fee to the CRC office (508 Park Street) during regular office hours (Monday-Friday, 9 AM-5 PM). The CRC office phone number is 251-5910. All registrations must be signed by a parent or legal guardian-NO EXCEPTIONS!

REGISTER ONLINE @ www.coffeyvillerec.com

Registration Fee: \$15.00 In-District

\$20.00 Out-of-District

Registration Deadline: March 27, 2020

Late Registration Fee: \$3.00 Additional

Late Registration Deadline: April 3, 2020

After April 3rd , kids will be placed on a waiting list!

Coffeyville Recreation Commission
Parent/Guardian Consent Form &
Medical Treatment Authorization

Name of Child _____ Mailing Address _____
Street Address _____ City _____
Home Phone _____ Parent Work Phone _____ Cell Phone _____
Sex: Male / Female (Circle One) Date of Birth: ___/___/___ Age: _____ (Refer to back of Form)
School Currently Attending: _____ Email: _____

Please list any medical conditions: _____

Would you like to coach a team: () Yes () No

Would you be willing to assist: () Yes () No

Parent's Name: _____ Address: _____ Phone: _____

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Other : _____
(Circle One) Adult Small (34) Adult Medium (36) Adult Large (38) Adult XLarge (40)

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of baseball/softball at any time during the entire season, my child's team coaches, or any member of the CRC staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in baseball/softball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Coffeyville Recreation Commission, City of Coffeyville, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by CRC, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in baseball/softball with CRC & Caney Valley Recreation Commission. CRC may use any photographs for future marketing. I understand that a photocopy of this document shall have the same force and effect as the original.

Signature _____
Relationship _____ Date _____

IF THE PARENTS OF THIS CHILD ARE NOT REGISTERING THIS CHILD TO PARTICIPATE IN BASEBALL, PROOF OF LEGAL GUARDIANSHIP, TYPED AND NOTARIZED AFFIDAVIT FROM THE COURT OR SRS IS REQUIRED TO BE SHOWN, COPIED AND ATTACHED TO THIS FORM.

****Same team requests will be met only for siblings or same household residents!**

Check out our website: www.coffeyvillerec.com & REGISTER ONLINE!

The Coffeyville Recreation Commission recognizes the need within our community to provide assistance to residents who do not have the financial resources to participate in the fee-based services we provide. Financial aid is available for those requesting assistance with Recreation Commission youth programs.