



2019 YOUTH BASEBALL

Deadline to Register: Friday, March 29, 2019

Register at the: **Buck Run Community Center, 735 Scott Avenue - Fort Scott**

**NO REGISTRATIONS
WILL BE ACCEPTED
AFTER COACHES**

Please circle desired league below

LEAGUES AVAILABLE

Tot T - Ball (coed)
T - Ball (coed)
Pee Wee Baseball (boys)
Cal Ripken Minor (boys)
Cal Ripken Major (boys)
Junior Babe Ruth (boys)

AGE QUALIFICATION

must be 4 by September 1, 2019
must be 5 or 6 by September 1, 2019
must be 7 or 8 by September 1, 2019
must be 9 or 10 by September 1, 2019
must be 11 or 12 by September 1, 2019
must be 13, 14, or 15 by September 1, 2019

FEE

\$10.00
\$10.00
\$17.00
\$25.00
\$25.00
\$35.00

MEETINGS!!!

* A **\$10.00 late fee** will be assessed for all registrations after the March 29th deadline until the coaches meetings are held. **NO REGISTRATIONS WILL BE TAKEN AFTER COACHES MEETINGS ARE HELD!!!**

Pee Wee, Cal Ripken & Babe Ruth leagues will offer all-star teams in each individual age group that will play in a district tournament within the first two weeks of July. If selected, would your son be available to play on a all-star team?

Please circle one: **Yes** **No**

2019 BASEBALL REGISTRATION FORM

Name _____ Boy ___ Girl ___ Age as of Sept. 1st ___ Birthdate _____

Address _____ Day Phone _____ Home Phone _____

Parent/Guardian _____ Birthdate _____ E-Mail Address _____

Participants playing ability: (check one) Below Average ___ Average ___ Above Average ___

Participants playing experience: (check one) Beginner ___ Moderate ___ Played Every Year ___

Check shirt size: Youth S ___ M ___ L ___ Adult S ___ M ___ L ___

Would you like to be considered as a head coach? _____ asst. coach? _____ or head coach (if needed)? _____

If so, please list daytime phone number _____

Please list any medical concerns that the FSRC and/or coach should be aware of?

If you have a brother or sister that will play in the same league and you want to play on the same team, please put his/her name in the following space _____. No other request such as carpooling, friend or cousins will be accepted!

PARENT CONSENT FORM

The undersigned parent(s) and natural guardian(s) of _____ a minor, in consideration of his/her being permitted to participate in the Fort Scott Recreation Program, do hereby freely and voluntarily give my (our) consent of such and participation hereby release the Fort Scott Recreation Program, Inc., its director, officers, employees, agents, and any sponsors, organizers or coaches from all claims or rights of action, which the undersigned or the said child may have or ever may have as a result of any act or omission of any such person or the Fort Scott Recreation Program, Inc. The undersigned recognizes that the child will be engaged in a sporting activity and that there are certain risks involved in such an activity, including the risk of personal injury, and the undersigned assumes the risk thereof.

Parent/Guardian Signature _____ Date _____



2019 YOUTH SOFTBALL

**NO REGISTRATIONS
WILL BE ACCEPTED
AFTER COACHES
MEETINGS!!!**

Deadline to Register: *Friday, March 29, 2019*

Register at the: *Buck Run Community Center, 735 Scott Avenue - Fort Scott*

Please circle desired league below

LEAGUES AVAILABLE

Tot T - Ball (coed)
T - Ball (coed)
Little Hitters Softball (girls)
Pigtail Softball (girls)
Ponytail Softball (girls)
High School (girls)

AGE QUALIFICATION

must be 4 by September 1, 2019
must be 5 or 6 by September 1, 2019
must be 7 or 8 by September 1, 2019
must be 9 or 10 by September 1, 2019
must be 11, 12 or 13 by September 1, 2019
Freshman - Junior in 2019 school year

FEE

\$10.00
\$10.00
\$15.00
\$20.00
\$20.00
\$25.00

* A **\$10.00 late fee** will be assessed for all registrations after the March 29th deadline until the coaches meetings are held. ***NO REGISTRATIONS WILL BE TAKEN AFTER COACHES MEETINGS ARE HELD!!!***

2019 SOFTBALL REGISTRATION FORM

Name _____ Boy ___ Girl ___ Age as of September 1st _____ Birthdate _____

Address _____ Day Phone _____ Home Phone _____

Parent/Guardian _____ Birthdate _____ E-Mail Address _____

Participants playing ability: (check one) Below Average ___ Average ___ Above Average ___

Participants playing experience: (check one) Beginner ___ Moderate ___ Played Every Year ___

Check shirt size: Youth S ___ M ___ L ___ Adult S ___ M ___ L ___

Would you like to be considered as a head coach? ___ asst. coach? ___ or head coach (if needed)? ___

If so, please list daytime phone number _____

Please list any medical concerns that the FSRC and/or coach should be aware of?

If you have a brother or sister that will play in the same league and you want to play on the same team, please put his/her name in the following space _____. No other request such as carpooling, friend or cousins will be accepted!

PARENT CONSENT FORM

The undersigned parent(s) and natural guardian(s) of _____ a minor, in consideration of his/her being permitted to participate in the Fort Scott Recreation Program, do hereby freely and voluntarily give my (our) consent of such and participation hereby release the Fort Scott Recreation Program, Inc., its director, officers, employees, agents, and any sponsors, organizers or coaches from all claims or rights of action, which the undersigned or the said child may have or ever may have as a result of any act or omission of any such person or the Fort Scott Recreation Program, Inc. The undersigned recognizes that the child will be engaged in a sporting activity and that there are certain risks involved in such an activity, including the risk of personal injury, and the undersigned assumes the risk thereof.

Parent/Guardian Signature _____ Date _____