

2017 Preston Recreation T-BALL (co-ed ages 5-6)

Registration fee: \$25 Fee includes team T-shirt

Registration Deadline: March 31, 2017

Games will begin May 1st (Mondays) total of 8 games

Player Name _____ Age on April 30th _____
Address _____ City _____ State _____
Date of Birth _____ Shirt Size: YS YM YL AS AM AL AXL

List any medical issues player has _____

Parent or Guardian Information

Name _____ Relationship to Player _____ Cell # _____
Name _____ Relationship to Player _____ Cell # _____

Volunteer Information

Volunteer Name _____ Phone # _____ Email _____

What do you want to volunteer for: _____ Coach _____ Asst. Coach _____ Shirt Size _____

Coach's kid(s) will be placed on their team.

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Preston Recreation Board and the league and its affiliated organizations in which the registrant participates. Recognizing the possibility of physical injury associated with baseball, I hereby release, discharge and indemnify against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to and from the same, which transportation I hereby authorize. I agree to see that the registrant is picked up from practices and games by the appointed time and hereby release the coaches and Preston Recreation Board from responsibility for registrant after such time. I understand the goals of the Preston Recreation Programs are based on fun, fair play, sportsmanship, skill development and teamwork. I agree to conduct myself in accordance with these goals.

CONSENT FOR MEDICAL TREATMENT (Minors): As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of dentistry or certified emergency medical technician. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well-being of the registrant.

Parent/Guardian Signature _____ Date _____

Mail or deliver the forms along with cash, check or money order to:

City of Preston
70 West Oneida
Preston, ID 83263

Any questions text or call Trisha Perry (C)435-757-0057 (H) 208-852-0148

2017 Preston Recreation Girls Slow Pitch Softball (ages 7-12)

Depending on participation, these leagues may travel to surrounding areas

Registration fee: \$40 Fee includes hat, shirt, & pants

Registration Deadline: March 31, 2017

CIRCLE which league: (8U) 7-8 age (10U) 9-10 age (12U) 11-12 age

Player Name _____ Age on April 30th _____

Address _____ City _____ State _____

Date of Birth _____ Shirt Size: YS YM YL AS AM AL AXL

Pant Size: YS YM YL AS AM AL AXL

List any medical issues player has _____

Parent or Guardian Information

Name _____ Relationship to Player _____ Cell # _____

Name _____ Relationship to Player _____ Cell # _____

Volunteer Information

Volunteer Name _____ Phone # _____ Email _____

What do you want to volunteer for: _____ Coach _____ Asst. Coach _____ Shirt Size _____

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