

BURNS FLAT SUMMER YOUTH PROGRAM 2024 REGISTRATION FORM

TEE BALL	BOYS BASEBALL
___ 4 & 5 year olds	___ PEE WEES: 9-10 year olds ___ MIDGETS: 11-12 year olds
Boys COACH PITCH	
___ 6 -8 year olds	

PLAYER INFORMATION (all items must be completed):

 LAST NAME FIRST NAME PHONE NUMBER

 STREET ADDRESS CITY STATE ZIP

 BIRTH DATE AGE GENDER/SEX SOC. SEC. # (for insurance purposes)

CIRCLE SHIRT SIZE (required): YOUTH SIZE: S M L ADULT SIZE: S M L XL

If there are siblings in the SAME age group, please list their FULL names here*:

*We will make every effort to accommodate your request to assign siblings to the same team (if they are in the same AGE GROUP), however, this request must be shown on this form. We will not reassign players after the deadline dates, so get your request in now!

FATHER'S NAME:		FATHER's Cell or Home PHONE:	
		FATHER's Alternate PHONE:	
MOTHER'S NAME:		MOTHER's Cell or Home PHONE:	
		MOTHER's Alternate PHONE:	

PERSON TO NOTIFY IN CASE OF EMERGENCY:		Cell or Home PHONE:	
		Alternate PHONE:	
DOCTOR TO NOTIFY IN CASE OF EMERGENCY:		PHONE:	

I, the parent/legal guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BURNS FLAT SUMMER YOUTH PROGRAM, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and activities and in consideration for the ASSOCIATION accepting the registrant for its sports programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the BURNS FLAT SUMMER YOUTH PROGRAM, TOWN OF BURNS FLAT, EMPLOYEES, ALL VOLUNTEERS its affiliated organizations and sponsors, for the programs and/or being transported to or from the same, which transportation I hereby authorize.

NAME OF PARENT/LEGAL GUARDIAN (please print) SIGNATURE DATE

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian of the above named player, I hereby give consent for emergency care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Legal Guardian: _____

Name: _____ Interested in coaching (age group): _____
(All coaches are volunteers and must be approved by the BFDC Summer Youth Committee.)

PARENTS

Summer League registration is nearly here! Complete the attached form and drop it off at Burns Flat City Hall, Monday-Friday between 8:30 am and 4:30 pm, or use the drop box located in the front of City Hall. Please avoid visiting City Hall on the 1st through the 10th of the month if at all possible (due to heavy clerical workload on these dates). We appreciate your cooperation!

The cost to play will be \$45. This fee **MUST be paid at the time of sign-up.** Refunds for withdrawals will be at the discretion of the Summer Youth Board and if approved, will be provided within 30 days via check (NO CASH REFUNDS!)

You must register your child by the deadlines shown below. We regret having to enforce this policy; however, we are unable to continue to make last minute arrangements for extra coaches, equipment, tee-shirts/caps, etc. There will be no exceptions for any reason!

The age groups and REGISTRATION DEADLINES are as follows:

<p><u>BOYS BASEBALL – sign-up ends March 7th</u></p> <p>Coach Pitch: 7- 8 year olds (must be age 7 by May 1, 2024) Pee-Wees: 9-10 year olds (cannot be 11 years old prior to 1-1-24) Midgets: 11-12 year olds (cannot be 13 years old prior to 1-1-24)</p>	
<p><u>TEE-BALL – sign-up ends March 7th</u></p> <p>4 - 6 year olds (must be age 4 by May 1, 2024)</p>	

ATTENTION:

- Parents are responsible for transportation to/from games and practices!
- Coaches are responsible for setting team rules, and scheduling practices.
Baseball Games will be held in various towns. Practices will be in Burns Flat.