PLEASE USE A DARK COLORED INK PEN TO COMPLETE THIS FORM

Sign-up NOW for Marion's 2011 Baseball/Softball Program!

FOR BOYS AND GIRLS who desire to play baseball or softball in Marion this summer. Please complete this FORM and return it with the registration fee and a COPY of the player's BIRTH CERTIFICATE (unless the player's birth certificate is already on file in the recreation office) by **MARCH 15**!

Name: _____

Parent or Guardian: _____

Address: _____

Phone Number(s): _____

E-Mail address: _____

Date of Birth: _____ Age as of January 1, 2011 for Girls _____

Shirt Size: _____ Age as of April 30, 2011 for Boys _____

PLEASE **CIRCLE** ONE:	BASEBALL	SOFTBALL	BLAST BALL
* One registration sheet, per player please.	5 & 6 years old = $12 7 & 8 years old = $20 10 & Under = $45 12 & Under = $72 13 – 15 years old = $95 16 – 18 years old = $106	5 & 6 years old = $12 7 & 8 years old = $20 10 & Under = $45 12 & Under = $46 13 – 16 years old = $52	Preschool Boys & Girls = $12

*****There will be a $25 per player late fee charged after March 15, 2011, with absolutely no exceptions!**

Register at the Marion Chamber/REC office, 203 N. Third Street, or mail to:
Marion REC, P.O. Box 125, Marion, Ks. 66861. Please make checks payable to Marion REC.
A copy of the player's Birth Certificate must be on file at the REC office.

Medical Information

Name and Phone Number of person to contact in case of emergency:

_____

Special Instructions: (Medical problems or needs to be brought to the attention of the coach.)

_____

_____

TO WHOM IT MAY CONCERN: In the event that the above named player is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at practices, games, events, or activities, this player's coach or any employee of Marion/USD 408 Recreation has my consent to authorize treatment for this player by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above named player permission to participate in the above named summer Baseball/Softball program with full knowledge of the risk involved.

I hereby agree to assume those risks and **will not** hold the City of Marion, USD 408, team sponsors, coaches, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named player while participating in the summer Baseball/Softball program.

Parent or Guardian's Signature: _____ Date: _____

***If you wish to coach, please see Margo for application. For more info on ways to help support these activities by: volunteering to help in the concession stand or during volunteer work days at the complex; purchasing parent shirts; paying to put your name on the booster board or having your business advertised on a metal sign at the complex, please call Margo at: 620-382-3425.