



# Town of Santee

Parks & Recreation

## 2022 SPRING BASEBALL / SOFTBALL REGISTRATION

(Please Print or Type)

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male / Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Second # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Parent) E-Mail \_\_\_\_\_

Parent's Name (Print) \_\_\_\_\_ I will coach Y / N \_\_\_\_\_ I will assist Y / N \_\_\_\_\_

School \_\_\_\_\_ Player's Size: Youth S \* YM \* YL \* Adult S \* AM \* AL \* AXL \* AXXL

I would like to sponsor a team Y / N If yes, Sponsor's Name \_\_\_\_\_ # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLEASE CHECK APPROPRIATE AGE GROUP

\_\_\_ 4 & 5 yr. olds Co-ed T-Ball

**Baseball (Boys)**

\_\_\_ 6-9 yr. olds (Coach Pitch)

\_\_\_ 10-12 yr. olds (Team Pitch)

There is a flat registration fee  
of **\$20.00** per participant.

**Softball (Girls)**

\_\_\_ 6-9 yr. olds (Coach Pitch)

\_\_\_ 10-12 yr. olds (Team Pitch)

**PLEASE NOTE: Birth certificates must be provided during registration.**

**I FULLY UNDERSTAND ALL FEES ARE NON – REFUNDABLE:**

\_\_\_\_\_  
Parent / Guardian Signature

**PLEASE NOTE: Participants will be allowed to move up to a higher age group at the discretion of Town staff. Please list any known medical conditions, medications, or allergies. In case of emergency this information may be shared with medical professionals:**

**Town of Santee Parks & Recreation Release of Liability Form**

My signature below gives my approval for the above to participate in any and all league activities during the 2022 Spring Baseball/Softball Season. I assume all risk and hazard incidental to such participation, including transportation to and from all activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Employee \_\_\_\_\_ Receipt # \_\_\_\_\_

Comments \_\_\_\_\_