



Town of Santee

Parks & Recreation

803-854-2152 Ext. 207

2027 SPRING BASEBALL / SOFTBALL REGISTRATION

Participant's Name _____ Birthdate _____ Male / Female

Address _____ City _____ State _____ Zip _____

Primary Ph. (____) _____ - _____ Second Ph. (____) _____ - _____ (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 _____ Ph.(____) _____ - _____

PLEASE CHECK APPROPRIATE AGE GROUP

___ 4 - 6 Yr. Olds Co-ed T-Ball

Baseball (Boys)

___ 7 - 8 Yr. Olds (Coach Pitch)

___ 9 - 10 Yr. Olds Minors (Team Pitch)

___ 11-12 Yr. Olds Majors (Team Pitch)

Softball (Girls)

___ 7 - 9 Yr. Olds (Coach Pitch)

___ 10 - 12 Yr. Olds (Team Pitch)

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

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 2027 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 _____