City of Caledonia 2024 Summer Baseball Registration Form

Please fill out one for each child Registration form must be fully completed before submission (Please print clearly)

Registration deadline

Please return to City Hall no later than Friday, April 19, 2024. Registrations submitted after the deadline will be placed on a waiting list and will only be able to participate if there is space available.

Player's Name	DOE	3:	Age:		
Age on A	April 30, 2024 determine	s age bra	acket		
Your child may be moved up one age level to Fees are \$55.00 per child. Teams are responsi coach.					l by the team
Address:		City	:		
Parents/Guardian:					
Number to call if practice or game is canceled: _					
Email Address (to be notified via email if pract	tice or game is canceled)	:			
	(Circle one)				
8 & Under 9 & Under 10 & Under	11 & Under 12 &	Under	13 & Under	14 & Und	ler
What is your current grade for this school year?					
How many years of experience do you have play					
	nportant Health Inform		your child may l	nave:	
Person who will care for you child in case a part Name:	<u> </u>	reached:			
	Volunteer Opportuni				
Yes, I am interested in hel				•	
Team Coach Base Coaching Umpiring (Paid)					
To the Parent or Guardian: In case of an emergency, summer recreation procise not possible, an ambulance will be called. You or becomes too ill to remain at the ballpark. A poshild until you can be reached.	ı should make arrangemen	nts for pro	oper care in case	your child ha	s an accident
I understand that the summer baseball program a participating in the recreational program provide		onsible f	or any injuries su	ustained by n	ny child while

Date

Parent/Guardian Signature