

**City of Caledonia**  
**2024 Summer Softball 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 \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**Age on January 1, 2024 determines age bracket**

**Your child may be moved up one age level to fill out the roster if there are not enough players on a team.  
Fees are \$55.00 per child. Teams are responsible for ordering their own uniforms. This will be coordinated by the team coach.**

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Number to call if practice or game is canceled: \_\_\_\_\_

Email Address (to be notified via email if practice or game is canceled): \_\_\_\_\_

**(Circle one)**

**Softball: 10 & Under                  12 & Under**

What is your current grade for this school year? \_\_\_\_\_

How many years of experience do you have playing softball? \_\_\_\_\_

**Important Health Information**

List below any medications, allergies, physical limitations, or health problems your child may have:

**Emergency Contact Information**

Person who will care for you child in case a parent/guardian cannot be reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Volunteer Opportunities**

Yes, I am interested in helping the summer softball program in the following ways:

\_\_\_\_ Team Coach      \_\_\_\_ Team Assistant Coach      Please specify team \_\_\_\_\_  
\_\_\_\_ Base Coaching      \_\_\_\_ Umpiring (Paid)      Other \_\_\_\_\_

To the Parent or Guardian:

In case of an emergency, summer recreation procedure will be to contact the parent or guardian at home or at work. When this is not possible, an ambulance will be called. You should make arrangements for proper care in case your child has an accident or becomes too ill to remain at the ballpark. A possible alternative is to have a designated neighbor or relative care for your child until you can be reached.

I understand that the summer softball program and/or coaches are not responsible for any injuries sustained by my child while participating in the recreational program provided.

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

\_\_\_\_\_  
**Date**