

League:___





2022 Chesaning Youth Athletics Softball/Baseball Registration Form





Complete One (1) Form Per Player Player's Name: F Current Grade: Address: Parent(s)/Guardian(s) Name(s):_____ Cell #:_____ Cell #:____ Home #: **DEADLINE TO TURN IN FORM: MARCH 25, 2022** Forms can be turned in to the offices at Big Rock, Chesaning Middle School Make Checks Payable to: Chesaning Union Schools We are in need of coaches at all levels! If interested please fill out information at the bottom of this form. **LEAGUES** and **FEES** (fees vary by League) T-BALL: Pre K - K (must be at least 4 yrs. old) - \$30 COACH PITCH: 1st & 2nd grade - \$30 GIRL'S MINOR SOFTBALL: 3rd & 4th grade - \$60 BOY'S MINOR BASEBALL: 3rd & 4th grade - \$60 BOY'S MAJOR BASEBALL: 5th & 6th grade - \$60 GIRL'S MAJOR SOFTBALL: 5th & 6th grade - \$60 **Tentative Start Date/Days: May 2, 2022** Minors: M/W T-Ball: M/W Majors: T/TH Coach Pitch: T/TH Visit our website for updated information: https://www.chesaningschools.net/page/chesaning-youth-sports ***Fees reduced by \$5 PER PLAYER for Families (2 or more from SAME household)*** ***\$120 maximum fee per family*** PLAYERS SHIRT SIZE (CHECK ONE IN EACH) MED **YOUTH** ADULT SMLG XXL PARENT INFORMATION (REQUIRED) I, the undersigned parent or guardian of the above player, hereby authorize my above named child, to participate in practices and games organized by Chesaning Summer Ball League and release Chesaning Union Schools and Chesaning Summer Ball League from any and all liability arising out of the participation of my child in practices and games, whether as a player or spectator. The consideration for this release of liability is the receipt of coaching services, team participation and game play to my child, which is a benefit to my child, and me. I understand that coaches and assistants are not professional or paid coaches. They are volunteers who are donating their time to the Chesaning Summer Ball League and my child. I understand that the Chesaning Summer Ball Programs are, at times, a contact sport and carries a possibility of some risk of injury. My child has my permission to compete in this supervised athletic activity. In the event of an injury and I cannot be contacted, I hereby give my permission to the coach in charge to secure proper treatment for such injury, including ambulance transportation. The Chesaning Summer Ball League and Chesaning Union Schools will not be responsible for the cost of treatment due to any athletic injury as well as any ambulance fees that might be incurred. This means that all costs will be the responsibility of the parent(s) and/or guardian(s). Parent/Guardian Signature:______ Date:____ If you can help Coach, please fill out below Print Name:_____ Cell Phone:_____

_____ EMAIL:___