

ALTA VISTA/DWIGHT Baseball Commission Form Year 2019

Participant's Name: _____ GIRL/BOY(circle) Current Grade _____

Parent/Guardian name(s) _____

Address: _____ Birth Date: _____

City: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Best way to contact parent is ___mom cell ___dad cell ___home phone ___email ___text message
Is it okay to text you with information ___yes ___no

*****Fee for T-Ball \$15.00***
Fee for Softball/Baseball \$30.00
All fee's include a shirt**

Has child played this sport before: YES _____ NO _____

T-Shirt Size (if needed) Youth ___XS ___SM ___MED ___LG ___XL
Adult ___SM ___MED ___LG ___XL ___XXL

WILL YOU COACH? YES _____ NO _____
ASSIST? YES _____ NO _____

Name: _____ Phone: _____ E-mail: _____

WAIVER FOR PARTICIPANT: In consideration of your accepting this entry, I, _____
Hereby for myself, my child, my heirs, executors and administrators, waiver and release any and
all right and claims for damages I or my child may have while participating in a Alta Vista/Dwight
Baseball Commission program or sport. I assume all risks and hazards incidental to participation
and I waive, release, resolve, indemnify and agree to hold harmless the Alta Vista/Dwight
Baseball Commission, The City of Alta Vista, The City of Dwight, USD 417 and any organizers,
sponsors, coaches and supervisors. **I, also, as a parent and/or coach will abide by the
SPORTSMANSHIP CODE. This code is fully supported by the Alta Vista/Dwight Baseball
Commission. NOTE: Parent or Legal Guardian must sign for any child entering a program.**

Signed: _____ Print Name: _____

Date: _____

**DO NOT RETURN THIS FORM TO THE SCHOOL
FORMS MUST BE RETURNED WITH PAYMENT TO ALTA VISTA CITY HALL
OR DWIGHT CITY HALL NO LATER THEN MARCH 8th**

Alta Vista City Hall
521 Main Street
P.O. Box 44
Alta Vista, KS 66834

Dwight City Hall
612 Main Street
P.O. Box 157
Dwight, KS 66849

*****MAKE CHECKS PAYABLE TO ALTA VISTA BASEBALL COMMISSION*****