

**ALTA VISTA/DWIGHT Baseball Commission Form Year 2020
DEADLINE TO SIGN UP – MARCH 20, 2020**

Player Name: _____ GIRL _____ BOY _____

Current Grade _____ Age: _____ Birth Date: _____

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

Best way to contact parent is ____mom cell ____dad cell ____home phone ____text message
Is it okay to text you with information ____yes ____no

T-Shirt Size (circle one) Youth - XS SM MED LG XL
Adult - SM MED LG XL XXL

Please CIRCLE and submit the appropriate fee along with your registration form.

T-BALL \$15 (participants should be 5 years old before September 1st to participate)

COACH PITCH \$40 (7&8 year old boys/girls age as of Sept 1, 2019)

MUSTANG \$40 (9-10 year old boys age as of Sept 1, 2019)

BRONCO \$40 (11-13 year old boys age as of Sept 1, 2019)

Players in coach pitch, mustang & bronco will need grey baseball pants

Parents Name: _____

Address: _____

Parent Team Shirt - **\$20** each – Size adult SM MED LG XL XXL

Please include payment for your shirt along with payment for participation. This will be your **ONLY** opportunity to order a team shirt.

WILL YOU COACH? YES _____ NO _____

ASSIST? YES _____ NO _____

Name: _____ Shirt Size: _____

*****FLIP OVER*****

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 20th**

Alta Vista City Hall	Dwight City Hall
521 Main Street	612 Main Street
P.O. Box 44	P.O. Box 157
Alta Vista, KS 66834	Dwight, KS 66849

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