

2016 Baseball & Softball Information

Please Circle League

Child's age as of August 31, 2015

BASEBALL:

T-Ball	5-6
Pinto	7-8
Mustang	9-10
Bronco	11-12
Pony	13-14
Colt	15-17

SOFTBALL:

Mini Girls:	6-9
Slow Pitch	10-12
Fast Pitch	13-17

- Games will be played at community centers within your athletic district.
- Please register in person at any City of Raleigh Parks, Recreation and Cultural Resources Department Community Center.

Fees - All Ages

Raleigh Residents	\$40
Non-Resident	\$55

Payment must be made by Credit Card, Check, or Money Order payable to the City of Raleigh. *No refunds will be given after player placement.*

Volunteer Coaches Needed!
Contact Athletics Division at 919-996-6836
for more information!



Raleigh Parks, Recreation and
Cultural Resources Department
P. O. BOX 590
Raleigh, NC 27690-0250
Athletics 6539

Youth Baseball and Softball Registration February 8-19, 2016



Athletics Division

2401 Wade Avenue
Raleigh, NC 27607

919-996-6836

parks.raleighnc.gov/athletics

athletics@raleighnc.gov



RALEIGH Parks,
Recreation and
Cultural Resources
parks.raleighnc.gov

Raleigh Parks, Recreation and Cultural Resources Department

Youth Baseball & Softball Registration 2016

All returning players must register annually



The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Player's Name: _____ Sex: M or F Date of Birth: ___/___/___ (Child's age as of **August 31, 2015**, copy of Birth Certificate must be provided)

Parent/Guardian Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check here if returning to same age group Previous Team: _____ District you are registering for: _____

T-Shirt Size: YS YM YL YXL AS AM AL AXL

Non-Parent Emergency Contact: _____ Phone #: _____

List any Medical Problems or Special Needs: _____

We are unable to accommodate any "play-up" or special requests.

The Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, program registration or accommodation requests should be received at least two weeks prior to the start date of the program. For more information please contact Inclusion Services 919-996-2147. The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the athletic program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or need of their participant.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Photography Waiver: Pictures may be taken of my child while participating in City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

Non-Discrimination Policy: The City of Raleigh Parks, Recreation and Cultural Resources Department does not discriminate on the basis of race, color, natural origin, sex, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh parks and recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Release and Indemnity Agreement: I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks.

By signing the baseball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Volunteer Coaches Needed! Volunteer coaches will work with teams under the direction of the Raleigh Parks, Recreation and Cultural Resources Department. *Would you or your spouse be interested in coaching?*
 Yes ___ No ___ Head Coach ___ Assistant Coach ___

For Office Use Only:
 League Age _____ Receipt #: _____
 Verified By: _____ Fee Paid: _____
 Team: _____ Registered @ _____
 League: _____