

Village of Walton Hills
Recreation Department
14660 Alexander Road
Walton Hills, Ohio 44146
(440) 786-2964

REGISTRATION FEES:
RESIDENT T-BALL - \$75.00
RESIDENT FAMILY - \$175.00
NON-RESIDENT - \$90.00
LATE REGISTRATION FEE: \$25.00
AFTER 4-3-18

BASEBALL & SOFTBALL REGISTRATION FORM

REGISTRATION CLOSING ON APRIL 3, 2018

Boys (circle one) Age as of 8-1-18

Coach Pitch (7-8 years old)
Minors (9-10 years old)
Majors (11-12 years old)

Girls (circle one) Age as of 8-1-18

Coach Pitch (7-8 years old)
Minitail (9-11 years old)
Pigtail (12-14 years old)

Child's Name: _____ Date of Birth: _____ Age today: _____

Parent/Guardian Name: _____ Address: _____

City & Zip code: _____ Home Phone: _____ Cell phone: _____

Pant, Shorts and Shirt Sizes

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14)

Adult Small (34-36)

Adult Medium (38-40)

Adult Large (42-44)

Pants: _____

Shirt: _____

Shorts: _____

Does child have any physical ailments, such as allergies, heart, other? _____

If yes please explain if special attention is needed _____

Having been informed of the organization of the Walton Hills Recreation Department of provide supervised youth baseball/softball, I/We the parents/guardians of the above name candidate, do hereby give my/our approval of his/her participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities, and I/we do further hereby release, absolve, indemnify and hold harmless the Village of Walton Hills, the organizers, sponsors, leasers, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from activities.

The Village of Walton Hills does provide secondary emergency insurance. Do you have hospitalization and/or medical insurance? _____

I have read and understand the above waiver and release:

Name/Guardian

Date

Volunteer Coach Registration: Name & Phone: _____ Head Coach Assistant

DATE PAID _____ CASH _____ CHECK # _____ CK AMOUNT _____
Res. Fee: \$75.00 Res. Family Fee: \$175.00 Non-Res. Fee: \$90.00