



CO-ED PEEWEE BASEBALL 2021



Boys and Girls ages 5 -6

(Girls 7 yrs. old not eligible for Girl's Fast Pitch Softball are welcome to play)

(BASED ON CHILD'S AGE JUNE 1, 2021)

MONDAYS THROUGH THURSDAY NIGHTS, BASED ON NUMBER OF TEAMS
PRACTICE BEGINS JUNE 8

WICKLIFFE RESIDENTS: \$35 / NON-RESIDENTS: \$45

REGISTRATION STARTS MAY 1, 2021- DEADLINE MAY 26, 2021

COACHES NEEDED: League play cannot begin until we have coaches for all team. The City of Wickliffe's Law Department and our risk management consultants have authorized the initiation of a basic background check for all coaches.

KEEP THE ABOVE INFORMATION

**CUT AND RETURN BOTTOM SECTION WITH FEE TO THE CITY OF WICKLIFFE RECREATION DEPT.
28730 RIDGE RD WICKLIFFE 44092, MONDAY-FRIDAY, 8:00 AM - 4:30 PM, 440-943-7120**

BOYS PEEWEE BASEBALL 2021 REGISTRATION FORM (PLEASE PRINT)

CHILD'S NAME _____ BIRTH DATE _____ AGE (6/1/21) _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAME(S) _____ / _____

PHONE # _____ OR _____ CAN YOU BE REACHED BY TEXT: YES NO

E-MAIL ADDRESS _____

SHIRT SIZE:	SM-YOUTH	M-YOUTH	L-YOUTH	SM-ADULT	M-ADULT
			L-ADULT		XL-ADULT

LIST ANY CRITICAL MEDICAL INFORMATION CONCERNING THIS CHILD (ALLERGIES, ASTHMA, HEART CONDITION, OTHER):

____ I DO or ____ I DO NOT give my consent for emergency medical treatment for my child in the event reasonable attempts to contact me or my spouse have been unsuccessful. The authorization for medical treatment does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery. If you choose to not grant consent for medical treatment, program authorities will take no action.

CHILD'S PHYSICIAN _____ PHONE# _____

CHILD'S DENTIST _____ PHONE# _____

ANYONE INTERESTED IN COACHING, PLEASE FILL OUT THIS SECTION-BACKGROUND CHECK REQUIRED

Signature authorizes consent for background check. I attest that all information is accurate.

NAME _____ HEAD COACH ASSISTANT COACH

E-MAIL ADDRESS _____

SIGNATURE _____ PHONE (IF DIFFERENT THAN ABOVE) _____

We the parents of the above name child assume the risk of COVID-19 in relation to public gatherings, agreeing to follow the most current CDC, state and local guidelines pertaining to social gathering and accept the associated health risks and releases the City of Wickliffe from any COVID-19 liabilities resulting from this gathering. In case of loss or injury while participating in Wickliffe Recreation Department Programs, I, the parent/guardian, release from liability The City of Wickliffe, Wickliffe City Schools and any and all personnel and/or volunteers associated with this recreation program.

*****OFFICE USE ONLY*****

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____