



Introductory Baseball

2017 Registration Form

Information:

Lexington Park District offers Introductory Baseball for boys and girls ages 5-7 (must be 5 by 4/30/17) who want to learn the basics of baseball in a non-competitive environment. The focus on this program is to teach players fundamental skills of baseball including hitting, fielding and throwing. This program runs during the month of June and includes instructional time as well as some game play.

Registration:

\$25

Includes participation fee & T-shirt

For scheduling purposes, registration and payment deadline is May 1st. Forms can be dropped off at the Grade School Office or Walk-in Registration will be held at the Lexington School Gym Lobby on:

Wednesday, February 15th from 6-8pm and Saturday, February 18th from 1-3pm

Questions:

If you have questions or wish to apply for a scholarship please contact:

Becky Martin

becky.martin.25@gmail.com

309-531-3687

Payment and forms must be received no later than May 1st

Player Information:

Name _____

Birth Date _____ 2017-18 Grade _____

Shirt size (circle one) **Youth size:** YS YM YL YXL **Adult Size:** S M L XL

Parent Information:

Parent(s)
Name _____

Address _____ City _____ State _____

Phone Number _____ Cell _____

Email _____

Interested in coaching (circle one): Yes No

Parent coaches are essential to the success of our summer programs! Please help us make this summer fun and rewarding by helping your child's team.

Consent of Parent or Guardian

I/We, the undersigned parent or legal guardian, do hereby verify the information in this registration form and consent to the participation of my/our child in this activity. I/We understand that neither the Lexington Park District nor any of its commissioners, officers, program directors, sponsors nor employees assume responsibility for any injury or damage to person or property resulting from an incident occurring during conduct of the Lexington Park District program including games, meets, practices, clinics and other related activities and events. In case of emergency, I/we hereby consent to medical treatment for my/our child and authorize any member of Lexington Park District to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

I/We prefer _____ Hospital.

Child's Physician _____ Phone: (____) _____

Parent/Guardian Signature

Date

*Forms can be dropped off at the Grade School Office
or at the School Gym Lobby on February 15th from 6-8pm and February 18th from 1-3pm*