

# Slinger Little League

## T-Ball & Beginners Registration Form

[www.vi.slinger.wi.gov](http://www.vi.slinger.wi.gov)



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The Slinger Parks, Recreation & Forestry Department will be opening the **2016 Little League Registration on Monday, January 11th**. Registrations can be done online or dropped off/mailed to the Village Hall beginning on this date. Registration will close on **FRIDAY, FEBRUARY 12<sup>TH</sup>**.

Once again we are offering online registration. Please visit us at [www.vi.slinger.wi.gov](http://www.vi.slinger.wi.gov) and register for Little League online.

**REGISTER EARLY:** - Please note all leagues are based on current grade. (2015/2016 School Year)  
**ALL REGISTRATION FORMS MUST BE TURNED IN BY FRIDAY, FEBRUARY 12<sup>TH</sup>. ANY FORM TURNED IN AFTER THAT DATE WILL BE CHARGED A \$20 LATE FEE AND PUT ON A WAITING LIST IF LEAGUES ARE AT CAPACITY.**

## Both of these leagues are COED and will be played on the Middle School Football Fields.

### 4 Year T-Ball:

This program instructional league will be played on the Slinger Middle School Football Field and teach kids the basic fundamentals of the game. Participants will learn to catch, throw, hit and run the bases. Each team will start with a tee and allow kids to progress to coach pitch as the season moves forward.

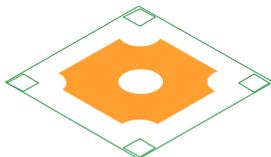
### Beginners League:

This program will prepare our future stars for the next level of baseball and softball. Kids will learn how to hit from live coach pitching and begin to understand and follow the rules of the game. All games will be played on the Middle School Football Field.

League	Present Grade/Age	Res. Fee	Non-Res. Fee	Night	Code
4 Year T-Ball (code 868)	4 Year Old	\$45 (Slinger)	\$70	Tuesday	1350
Beginners	5 Year Old/1 <sup>st</sup> Grade	\$50 (Slinger)	\$75	Wednesday	1351

**Please Make Checks Payable to: Slinger Recreation Department**

You can mail or drop off forms at:  
Slinger Recreation Department  
300 Slinger Road  
Slinger, WI 53086



# REGISTRATION FORM ON BACK OF THIS SHEET

## Player Registration:

Participants Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Parents Name: \_\_\_\_\_ **Email Required:** \_\_\_\_\_ Village Resident? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ **CURRENT Grade:** \_\_\_\_\_ M \_\_\_ F \_\_\_ League: \_\_\_\_\_  
T-Shirt Size: (Circle Choice) 6-8 10-12 14-16 AS AM AL AXL  
Are there any Medical Conditions we should be aware of? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_

## Coach Registration:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ **(Required)**  
DOB: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
What League would you like to coach? \_\_\_\_\_ Shirt Size? \_\_\_\_\_  
Who would you like to coach with? \_\_\_\_\_ **(One person only)**  
(Please only list one **(1)** other coach to work with unless you are in one of our T-Ball Leagues.  
**All Coaches will have to go through a background check. I agree to a background check.** \_\_\_\_\_  
**Sign Here**

## **LIABILITY WAIVER & PARENT CONCUSSION AGREEMENT FORM:**

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athletes are involved with. All concussion safety information is posted on the Slinger Recreation Department Website at [www.vi.slinger.wi.gov](http://www.vi.slinger.wi.gov). It is your responsibility as a parent to read this information carefully before signing this waiver.

All participants are requested to sign the following release. Parents or guardians must sign for minors. I/we the undersigned, do hereby agree to allow the above name to participate in the activity indicated. I am/we are aware of and understand that there may be potential risks inherent with participating in any recreation activity and that the Village of Slinger does not provide accident insurance. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnity and agree to hold harmless the Village of Slinger officers, staff and other persons for any and all claims, injuries liabilities, damages or right of action directly or indirectly arising out of use of and/or participation in activities. In the event of medical emergency, I authorize Recreation Department staff to obtain medical treatment for my son/daughter.

## **PARENT AGREEMENT:**

I \_\_\_\_\_ have read the Parent Concussion and Head injury information along with the liability waiver and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and to our department.

I understand the possible consequences of my child returning to practice / play too soon.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_