



2026 Little League Registration Form T-Ball & Beginners

The Slinger Parks, Recreation & Forestry Department will be opening the **2026 Little League Registration on Monday, January 5th**. Registration can be completed online or dropped off/mailed to Slinger Village Hall. Registration will close on **Monday, March 2nd**.

ONLINE REGISTRATION

Once again, we are offering online registration. Please visit us at www.vi.slinger.wi.gov to register online.

REGISTER EARLY: Please note all leagues are based on age. Birthday deadlines will be August 1st.

ALL REGISTRATION FORMS MUST BE TURNED IN BY MONDAY, MARCH 2ND. 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.

T-Ball (Must be at least 4 years old by August 1st)

This is an instructional league and will teach kids the basic fundamentals of the game. Participants will learn to catch, throw, hit and run bases. Each team will start with a tee and allow kids to progress to coach pitch as the season moves forward.

Beginners League (Must be at least 5 years old by August 1st)

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.

**** Both leagues are COED. Practices begin the first week of May, weather permitting.**

League	Age	Res. Fee	Non-Res. Fee	Night	Code
T-Ball	Must be 4 by August 1	\$60 (Slinger)	\$85	Tuesday	6065
Beginners	Must be 5 by August 1	\$60 (Slinger)	\$85	Monday	6057

Please make checks payable to: Slinger Recreation Department

You can mail or drop off forms at:

Slinger Recreation Department

300 Slinger Rd.

Slinger, WI 53086



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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) YS YM YL 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. 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, indemnify 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: _____