

Slinger Little League Registration 2020 Boys Baseball

www.vi.slinger.wi.gov



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The Slinger Parks, Recreation & Forestry Department will be opening the **2020 Little League Registration on Monday, JANUARY 6th**. Registrations can be done online or dropped off /mailed to the Village Hall beginning on this date. Registration will **CLOSE on FRIDAY, FEBRUARY 7th**.

Once again we are offering online registration. Please visit us at www.vi.slinger.wi.gov and register for Little League online.

REGISTER EARLY: - Please note all leagues are now based on age. Birthday deadlines will be May 1st
ALL REGISTRATION FORMS MUST BE TURNED IN BY FRIDAY, FEBRUARY 7th. 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.

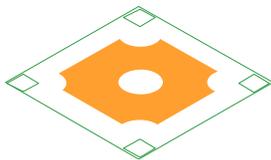
Slinger/Hartford/Jackson Joint Little Leagues: In 2020 our A and AA Slinger teams will be competing against teams from Hartford & Jackson. **Our boys AAA league will once again be playing in the Sandy Koufax League out of Watertown.** This has been a very well organized and exciting league for our AAA players. **Our Boys' Rookie League will only play in Slinger against Slinger teams.**

League	Age	Res. Fee	Non-Res. Fee	Code
Boys Rookies (Pitching Machine)	Must be 6 by May 1 (6-8)	\$70	\$95 (Tue & Thurs)	3295
Boys A (Live Pitching)	Must be 8 by May 1 (8-10)	\$85	\$110 (Mon & Wed)	3292
Boys AA (Live Pitching)	Must be 10 by May 1 (10-12)	\$85	\$110 (Tues & Thurs)	3293
Boys AAA Koufax (Live Pitching)	Must be 12 by May 1 (12-14) (Cannot turn 15 before May 1 st)	\$85	\$110 (Mon & Wed)	3284

Please Note: Players have the option to play up in certain leagues. For example, a player who is 10 years old by May 1, could play either A or AA league. Please email with questions.

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**



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. 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: _____