

Town of Delafield Park and Recreation

BASEBALL REGISTRATION

2016 Registration: February 8th - March 23rd

Forms and fees must be mailed in or dropped off at the Town Hall W302N1254 Maple Avenue Delafield, WI 53018. Teams are divided by age level, school district, and friend/coach requests (you may note 2 friend requests.) Players receive a t-shirt and cap as part of the registration fee. Please be sure to include your child's t-shirt size.

All teams are led by volunteer parent coaches. We are also in need of umpires 16 years+ (paid position). If you are interested in coaching or umpiring, please contact Angela Lorbach at 262.364.7773 or parkandrec@townofdelafield.org.



Youth T-ball & Coach Pitch (ages 5-6 & 7-8)

Youth ages 5-6 will learn basic t-ball skills and rules, while having fun with their friends. The Coach Pitch program is the next step up from t-ball and teaches youth ages 7-8 how to hit a live pitch. Practices begin once a week in May, at a day and time determined by the coach. Games will begin weekday evenings, normally Mondays and Wednesdays, in June. This league partners with the Village of Wales. Teams will play against Wales teams on their fields as well. The league typically ends the first week of August.

FEES: \$35 resident / \$45 non-resident per player

Boys' Baseball (ages 8-17)

Boys' baseball teams participate in the Waukesha County Land O'Leagues program, administered by the Waukesha Family YMCA. Town of Delafield teams will play other teams in Waukesha County. Teams will have five home games and five away games starting the first week of June. There are no weekend games for ages 8-14; 15-17 year olds will play some weekends. Practices begin in May and are determined by the coach.

FEES: \$50 resident / \$60 non-resident per player

Girls' Softball (ages 9-14)

Girls' softball teams participate in the Waukesha County Land O'Leagues program, administered by the Waukesha Family YMCA. Town of Delafield teams will play other teams in Waukesha County. Girls ages 9-12 years old will play slow-pitch softball. Girls ages 12-14 years old will play fast-pitch softball. Teams will have five home games and five away games starting the first week of June. Games are either Tuesday, Wednesday, or Thursday evenings. Practices begin in May and are determined by the coach.

FEES: \$50 resident / \$60 non-resident per player

Please visit our website at www.townofdelafield.org for registration/concussion forms

little league night!  *save the date!*

event/ticket sales info. in May  *Miller Park, June 28th*

Town of Delafield Park and Recreation

2016 BASEBALL/SOFTBALL REGISTRATION

Please fill out the registration form below & mail or drop off the form with payment to:
Town Hall, W302N1254 Maple Avenue, Delafield, WI 53018. **Checks payable to: Town of Delafield.**

Be sure to read the concussion information & include the concussion form.

Registration forms are due by March 23rd!!! No refunds after April 30th.

If your business is interested in sponsoring a team for \$210, please contact Town of Delafield
Park and Recreation Coordinator, Angela Lorbach, at **262.364.7773/parkandrec@townofdelafield.org**.

Participant's Name: _____

Street Address: _____

City/Zip: _____

Phone Number: _____ **School:** _____

Birthdate: ____/____/____ **Age:** _____ **Parent Name:** _____

Parent email: _____

Emergency Name and Number: _____

Divisions: (check one) Fees are PER REGISTRANT.

\$35 resident (must reside in Town of Delafield)/ **\$45 non-resident for Tball/Coach Pitch**

___ **T-Ball (5&6)** ___ **Coach Pitch (7&8)**

\$50 resident (must reside in Town of Delafield)/ **\$60 non-resident for Boys Baseball/Girls Softball**

Boys Baseball: ___ **8-10 yrs** ___ **11-12 yrs** ___ **13-14 yrs** ___ **15-17 yrs**

Girls Softball: ___ **9-12 yrs** ___ **12-14 yrs**

Two Friend Requests: First & Last Name (not guaranteed) _____

Are you interested in coaching? Name: _____

Phone: _____ **Email:** _____

Uniforms: The Town of Delafield provides a cotton t-shirt and cap for each participant.

T-Shirt size: ___ **Youth Small** ___ **Youth Medium** ___ **Youth Large** ___ **Youth X-Large**

___ **Adult Small** ___ **Adult Medium** ___ **Adult Large** ___ **Adult X-Large**

Waiver: (must be signed by parent or guardian)

I, the parent/guardian of the registrant give my consent for the registrant to participate in the Town of Delafield sponsored sports program. I hereby release, discharge and/or otherwise indemnify the Town of Delafield, their employees and agents, volunteers (Coaches, Assistant Coaches, other support team parents both on and off the playing field), umpires, against any claim by or on behalf of the registrant. I take full responsibility for any injuries or resultant death. In case of an emergency, call our home. If I cannot be reached, I give my consent for emergency medical care prescribed by a licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of registrant. I understand that insurance will not be furnished by the Town of Delafield. I grant permission for participants image or likeness to be used.

Parent/Guardian Signature: _____

OFFICE USE: FEES PAID: _____ **CASH:** _____ **CHECK #:** _____ **DATE:** _____



Concussion Form Parent and Athlete Agreement

Town of Delafield Park and Recreation Baseball/Softball Program

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.

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information 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.

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

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected.

I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Athlete Signature _____ Date _____

Please complete this form and return to the Park and Rec Coordinator, Town of Delafield.