

EAGLE LAKE T-BALL REGISTRATION
PLEASE MAIL/BRING COMPLETED FORMS AND FEES TO

Eagle Lake City Offices – 705 Parkway Ave. Eagle Lake, MN 56024

REGISTRATIONS DUE BY 4/30/2019

PLAYER'S NAME _____		AGE: _____	BIRTH DATE _____
CURRENT GRADE: ___ PRE K ___ K ___ 1 ST GRADE ___ 2 ND GRADE (check one)			
ADDRESS: _____		CITY: _____	
PARENT/GUARDIAN _____		HOME PHONE _____	CELL # _____
EMAIL _____			
PARENT/GUARDIAN _____		HOME PHONE _____	CELL# _____

<p>AGE REQUIREMENTS AND FEES:</p> <p><input type="checkbox"/> T-BALL – BOYS & GIRLS WHO ARE AGES - 4, 5, 6, & 7</p> <p style="text-align: center;"><input type="checkbox"/></p> <p><input type="checkbox"/> \$20 INCLUDES: T-SHIRT Please select Youth Shirt Size ___ S ___ M ___ L</p> <p style="text-align: center;">Season will run May 11th thru July 13th Saturday mornings –(optional weekday practices – by coach) - May through July Eagle Lake School Diamond/City Park – NO T-BALL SCHEDULED MAY 25th Due to HOLIDAY Weekend -</p>

<p>We as parents/guardians understand this program is a youth baseball program and as such involves certain risks of injury to the participants. Having in mind the risk of injury, we as parents/guardians do hereby agree to assume responsibility for any illness, injury or injuries sustained to _____ (player's name) while practicing, playing, being transported or involved in activities under the jurisdiction of EAGLE LAKE T-BALL . WE ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS EAGLE LAKE T-BALL, THE MANKATO PUBLIC AND PAROCIAL SCHOOL SYSTEMS AND THE CITY OF EAGLE LAKE FROM ANY AND ALL DAMAGES WHILE PARTICIPATING IN YOUTH BASEBALL.</p> <p>ANY MEDICAL CONDITION WE SHOULD BE AWARE OF: _____</p> <p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p>EMERGENCY CONTACT NAME: _____ PHONE: _____</p>	
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<p>EAGLE LAKE T-BALL IS RUN BY VOLUNTEERS - TO MAKE THIS SEASON SUCCESSFUL WE NEED YOUR HELP WITH COACHING AND ORGANIZING TEAM ACTIVITIES!</p> <p>IF INTERESTED IN COACHING _____ PHONE: _____</p> <p>IF INTERESTED IN ASSISTANT COACHING _____ PHONE: _____</p>	
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