

EAGLE LAKE T-BALL REGISTRATION

PLEASE MAIL OR DROP OFF COMPLETED FORMS AND FEES TO:

Drop Off: Eagle Lake City Office-705 Parkway Ave, Eagle Lake

Mail: City of Eagle Lake- C/O Eagle Lake T-BALL, PO Box 159, Eagle Lake, MN 56024

REGISTRATIONS DUE BY 4/26/2024

PLAYER'S NAME _____ AGE: _____ BIRTH DATE _____

CURRENT GRADE: ___ PRE K ___ 1ST GRADE ___ 2ND GRADE (check one)

ADDRESS: _____ CITY: _____

PARENT/GUARDIAN _____ HOME PHONE _____ CELL # _____

EMAIL _____

PARENT/GUARDIAN _____ HOME PHONE _____ CELL# _____

AGE REQUIREMENTS AND FEES:

T-BALL – BOYS/GIRLS WHO ARE AGES 4, 5, 6, OR 7

☐ **\$20 INCLUDES: T-SHIRT** Please Select Youth Size Shirt: ___ S ___ M ___ L

Season will run May 18th thru July 13th

GAMES are held Saturday mornings –(optional weekday practices – by coach) - May through July

Eagle Lake School Diamond or at City Park

– NO T-BALL SCHEDULED MAY 25th or July 6th Due to HOLIDAY Weekends -

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 XXXXXXXX. WE ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS XXXXXX, THE MANKATO PUBLIC AND PAROCIAL SCHOOL SYSTEMS AND THE CITY OF EAGLE LAKE FROM ANY AND ALL DAMAGES WHILE PARTICIPATING IN YOUTH BASEBALL.

ANY MEDICAL CONDITION WE SHOULD BE AWARE OF: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

EAGLE LAKE T-BALL IS RUN BY VOLUNTEERS - TO MAKE THIS SEASON SUCCESSFUL WE NEED YOUR HELP WITH COACHING AND ORGANIZING TEAM ACTIVITIES!

IF INTERESTED IN COACHING _____ **PHONE:** _____

IF INTERESTED IN ORGANIZING TEAM ACTIVITIES _____ **PHONE:** _____