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**MAJOR** (Player Pitch)  
**13-14** Years Old

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**MIDGET** (Machine Pitch)  
**10 -12** Years Old

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**PEE-WEE** (Coach Pitch)  
**7 - 9** Years Old

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**MIGHTY-MITE** (T-Ball)  
**5 - 6** Years Old

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**ROOKIE** (T-Ball)  
**3 - 4** Years Old



# BASEBALL LEAGUE REGISTRATION

## FOR OFFICE USE ONLY

Birth Certificate on file: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Pants Size: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player's Legal Name : \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Team / Coach Last Year: \_\_\_\_\_

Special Considerations:: \_\_\_\_\_

I, the undersigned, do hereby give approval for my child to play in the City of Quincy Parks and Recreation Department Baseball League. I acknowledge that there will be no issuance of a refund if I choose not to have registrant participate before or during the season for whatever cause. I acknowledge and agree that risk of injury to my child from the activities involved in this program is significant. I, hereby, release the City of Quincy from any and all liabilities incident to the participant's involvement in these programs.

Additionally, in consideration of my child being allowed to participate in the Baseball League and any related events and activities, I agree that his/her likeness may be photographed or video-recorded and that such images may be published in outlets to promote or publicize the program.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# **EMERGENCY INFORMATION AND CONSENT**

*(Given to and carried by Coach for emergency situations)*

Participant's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Contact Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Contact Number: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

I / We, hereby, grant consent to any and all health care providers designated by the City of Quincy Parks and Recreation Department to provide my/our child any necessary care as a result of injury / illness. This consent includes First Aid and transportation to/from health care providers by Administrators, Coaches or Emergency Services.

\_\_\_\_\_

PARENT SIGNATURE

\_\_\_\_\_

DATE