

WILLOUGHBY HILLS BASEBALL REGISTRATION



Registration for players age 5 to 16

When: By March 21(late fee of \$15 applies after March 21)

How: Fill out and mail application with check to address below

Registration may also be completed in person

When: Annual Pancake Breakfasts

Sunday, March 7, 14, & 21, 9 am - 1:00 pm

Where: Willoughby Hills Community Center

Baseball Registration Fees:

(Age as of May 1, 2010)

Leagues:	Instructional (5-6 yrs):	\$25
	Mighty Might (7-8 yrs):	\$40
	Minors (9-10 yrs):	\$50
	Majors (11-12 yrs):	\$50
	Pony (13-14 yrs):	\$60
	Colt (15 -up):	\$70

(Tryouts may be held for Colt, depending on the number of signups)

For more information, Email: whbl4baseb@yahoo.com,

Make check payable to: City of Willoughby Hills

Mail To: Dennis Siedlak
Willoughby Hills Baseball
37220 Beech Hills Drive
Willoughby Hills, OH 44094

Willoughby Hills Application & Contract

Sport Baseball League _____

Players Name _____ Age _____

Parents/Guardians names: _____

Address _____ City - Zip _____

Home Phone _____ E-Mail _____

D O B _____ / _____ / _____ Male /Female _____ School _____

Can you help out? Manager? Coach? Sponsor? _____

Approximate Uniform Size: Shirt:(Youth or Adult) (S - M - L - XL) Pant Size:(Youth or Adult) (S - M - L - XL)

I / We, the parents/guardian of the above, who is a candidate for a position in Willoughby Hills baseball, hereby give my/our approval to their participation in any and all activities of the League. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities: I/We do further hereby release, absolve, indemnify and hold harmless the City of Willoughby Hills, Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting the participant to or from our activities. I/We will provide a certified birth certificate of the above named player upon request from league officials.

In case of injury, I/We the parents/guardian of the above named child will assume full responsibility for any claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

Parent / Guardian Signature _____ Date _____

Emergency Contact _____ Phone _____