

Breda Rec League Registration/Medical Waiver

CHILD'S NAME:	_____
DATE OF BIRTH:	_____
GRADE IN SCHOOL ('18-'19)	_____
Male or Female?	_____
Shirt Size (YS, YM, YL, AS, AM, AL)	_____
Preferred Jersey #'s	_____
Family Doctor	_____
Doctor's Phone	_____
MEDICAL CONDITIONS:	_____ _____
CURRENT MEDICATIONS	_____
Insurance Carrier	_____
Policy #	_____

PARENT'S / GUARDIAN NAME:	_____
STREET ADDRESS & CITY:	_____
HOME PHONE:	_____
CELL PHONE:	_____
EMAIL:	_____
Volunteer? (Yes or NO)	_____
PARENT'S / GUARDIAN NAME:	_____
HOME PHONE:	_____
CELL PHONE:	_____
EMAIL:	_____
Volunteer? (Yes or NO)	_____
ALTERNATE CONTACT'S NAME:	_____
HOME PHONE:	_____
WORK PHONE:	_____
CELL PHONE:	_____

- Notes:**
- 1) We, the parents/guardians of the child, hereby give my/our approval to participate in all League activities, including transportation to/from the activities.**
 - 2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players.**
 - 3) We hereby waive, release, absolve, indemnify and agree to hold harmless the local WCLL, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities and claim arising out of any injury to my/our child whether the result of negligence or for any other cause.**
 - 4) I/We will furnish a certified birth certificate of the above-named child to League Officials (if not previously furnished).**

Signature _____ **Date** _____

3/4 Camp & Tee Ball -\$25
Pee-Wee, Minor, Major -\$35
Senior Girls -\$40
Senior Boys -\$40

Team & Individual Pictures : Tuesday, May 28, 2019

Please make checks payable to :
Breda Rec League
PO Box 302
Breda, IA 51436

Please include:
Registration with Fee
Birth Certificate (new players only)

DUE by March 22, 2019. Add a \$20 late fee until April 5th.

No registrations will be accepted after April 5, 2019!
No exceptions!