



RIVER FALLS TRAVELING BASEBALL REGISTRATION 2010

PLAYER'S NAME _____

Age on 5/1/2010 _____ Date of birth _____ Current Grade _____

Home Address _____ City _____

Mother's name _____ Phone _____

Father's name _____ Phone _____

Email Address(es) _____

Emergency name and phone _____

UNIFORM INFORMATION – Jersey, pants, socks and belts need to be purchased separately.

Hat and t-shirt are included in registration costs. Uniform pieces will be available to try on at registration.

<p>JERSEY \$20 each Will you be using your jersey from last year? Yes ____ If yes, what is your number? ____ No ____ If no, choose a size from below by circling the correct size. Youth: S (6-8) M (10-12) L (14-16) Adult: S (32-34) M (36-38) L (40-42) XL (44+) <i>If you are a returning player and ordering a new jersey, what was your number last year? ____</i></p>	<i>itemized uniform cost</i>
<p>PANT \$21 youth sizes \$23 adult sizes Quantity ____ <i>circle the correct size</i> Youth: S (6-8) M (10-12) L (14-16) XL (18-20) Adult: S (30-32) M (34-36) L (38-40) XL (42+)</p>	\$
<p>SOCKS \$3.50/pair (may purchase elsewhere, SOLID NAVY ONLY) suggest 2 pairs min. <i>circle the correct size</i> Number of Pairs ____ Order according to shoe size: S (youth, 12-4) M (4-8) L (9-12) XL (13-15)</p>	\$
<p>BELT \$3.50 each, one size fits all Quantity ____</p>	\$
<p>T-SHIRT – FREE with paid registration <i>circle the correct size</i> Youth: S (6-8) M (10-12) L (14-16) XL (18-20) Adult: S (32-34) M (36-38) L (40-42) XL (44+)</p>	\$
<p>HAT – FREE with paid registration <i>circle the correct size</i> XS-SM SM-MD MD-LG</p>	<i>Total</i>

In our effort to keep registration costs low, **each family needs to volunteer 10 hours during the 2010 season.** The volunteer hours will consist of helping with concessions and/or field maintenance during tournaments and home games. Failure to work these hours will be invoiced to the families at the end of the season at \$10 per hour.
Initial to AGREE: _____ or pay \$100 opt out: _____

Waiver: I certify that the above information is true and correct. I waive any right and claim against River Falls Youth Baseball Organization, the Parks and Recreation Department of River Falls, the City of River Falls, and the School District of River Falls for any injury or loss suffered by myself, any family member or any other child/person that I am responsible for while participating in this program. My consent is hereby given for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, and/or the well-being of my child.

Signature of parent/guardian _____ **Date** _____

Fees – Registration: \$175 Knowles Clinics: \$30 for 3 / \$15 each (x ____) Uniform Total: _____

Total Received: \$ _____ Cash ____ Check number _____