

Initial if you give permission to use photos or images of your child on social media

Ward Baseball



Spring 2025 Registration

Birth Certificate Copy Required

(Please print clearly)

PLAYER'S NAME: _____

BIRTHDATE: _____ PLAYER NUMBER REQUEST: _____

PLAYER JERSEY SIZE: Youth: S M L Adult: S M L XL XXL

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Ward Parks and Recreation (WPR). Recognizing the possibility of physical injury associated with baseball and in consideration for the WPR accepting the registrant for its baseball program and activities program, I hereby release, discharge, and/or otherwise indemnify the WPR, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

PARENT/GUARDIAN NAME (please print): _____

ADDRESS: _____ CITY: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

If interested in any of the following, please check beside item: *Background check required

- 1. _____ Coaching
- 2. _____ Assistant Coaching
- 3. _____ Volunteer

Special Medical Needs: _____

PLAYER FEE: \$75 per player; League will follow CAYBL – Central Arkansas Youth Baseball League. (Pays for lights, maintenance, scorekeepers, concession workers, umpires, equipment, etc.) Your team sponsorship may provide the jerseys. Teams may provide their own uniforms. Equipment needed by each player: Cleats, glove, pants, helmet, bat. If division does not make, a *refund will be provided. Game nights could be Mon, Tue, Thr & play in Ward & surrounding cities. *Card payments & refunds will require a card fee.

Would you like to donate to help sponsor a child? We can provide a receipt for tax purposes. \$ _____

***** FOR WPR USE ONLY *****

CASH: _____ CHECK #: _____ CARD: _____ RECEIPT #: _____ RECEIVED BY: _____

Mail forms to PO Box 237, Ward, AR 72176. Make checks payable to Ward Parks and Recreation.