



Deerfield Community Center  
 2020 Minor League Baseball & T-Ball  
**Registration Due By Tuesday June 30<sup>th</sup>, 2020**

<b>Please Check League:</b>	
A. ___ Tee Ball 4K and Kindergarten (2019-20 school year) <b>**Cost: \$45</b> Must have just completed 4K or Kindergarten	B. ___ Minors (Coach Pitch) 1 <sup>st</sup> and 2 <sup>nd</sup> grade (2019-20 school year) <b>**Cost \$55</b>

Player's Name: \_\_\_\_\_ Gender \_\_\_ Grade (just finished): \_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Baseball related medical information: (Allergies, Asthma, etc.) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player Shirt Size: Youth:** Sm, Med, Large

**Volunteer Opportunities (Please circle one)**

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Phone #: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_ Coach Shirt size: \_\_\_\_\_

**IMPORTANT**

*Please read and sign the following*

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs 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 consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Youth Participant Under 19: Concussion Participation Requirements**

**As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the attached Concussion Information Sheet, also available at [www.DCCenter.org](http://www.DCCenter.org) In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child's coach for my player to return to play.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Make checks payable to DCC, and mail to 10 Liberty St. suite 130, PO Box 404, Deerfield WI 53531 or place in our outside white drop box by our door closest to Forward Pharmacy.**