

HOLTON YOUTH BALL ASSOCIATION



2008 SUMMER BALL REGISTRATION

**REGISTRATION
DEADLINE:
MARCH 16, 2008**

Players Name: _____

Address: _____

Date of Birth: _____ Sex: M ___ F ___

Age: _____ Current Grade: _____

Parent/Guardian: _____

Phone Number: (h) _____ (w) _____

Specify what division your child is eligible for: _____

** Please note: you can move your child up a division, but not down. If you are wanting to move your child up, you will need to contact a Ball Association representative to get a "play up" form. This request will be granted upon approval of the board.

Girls only

- A Team—High School
- B Team—7th & 8th grades
- C Team—5th & 6th grades
- DI Team—3rd & 4th grades

Boys only

- 14 & under on or before 5/1/08
- 12 & under on or before 5/1/08
- 10 & under on or before 5/1/08

Due to **no traveling** for the boys and girls 8 & under and T-ball, forms will be handled thru Holton Parks & Rec. Therefore those forms will be available at a later date. For more information, contact 785-364-9000.

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I am requesting a: (please circle one)

BUYOUT (\$35.00)

FUNDRAISER (\$52.00)

If payment is made after 3/16/08 a \$25.00 late fee is required and no fundraiser option is available. Therefore, if turning in your registration after 3/16/08 a **\$60.00 (\$35.00 + \$25.00)** payment is expected. ** If turning in your registration before the deadline a payment of \$35.00 or \$52.00 (for the fundraiser) is expected.

There will be NO REFUNDS after March 23rd.

T-Shirt sizes (circle one)

Youth: S(6-8) M(10-12) L(14-16) Adult: S M L XL XXL _____

Coaching:

The success of our program is dependent upon volunteer coaches. Would you like to volunteer? _____ Coach _____ Asst. Coach – contact name and phone # _____

Sponsorship:

Do you know any business/individual interested in sponsoring a team? If yes, please provide name and phone # _____

CONSENT OF PARENT MEDICAL CARE AND TREATMENT FORM

Participants Name _____

Date of Birth _____

Parent or Guardian _____

Phone Number: (H) _____ (W) _____ (E) _____

Address _____

Name and Address of Family Doctor: _____

Health Insurance Company _____

Policy Number _____

If you or your Doctor cannot be contacted, in an emergency notify: _____

MEDICAL INFORMATION

Drug Allergies _____ Date of Last Tetanus _____

Other _____

Verification and Notarization

STATE OF KANSAS, COUNTY OF JACKSON, I _____

(Parent or Guardian) understand that if a serious illness or injury develops, medical and/or hospital care will be given: however the City of Holton, or the Jefferson/Jackson League is not responsible in case of accidental injury or illness. I further understand that, in case of medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to a designated member of the City of Holton Parks and Recreation Program or the Jefferson/Jackson League, or attending physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named on the Health Certificate and do solemnly swear or affirm that the information set forth in the Health Certificate is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public _____ My commission expires _____

- Parents: You may have this form notarized at your local bank, City Hall, or any authorized Notary Public.

If you have any questions or concerns, you may contact a board member. Please be courteous and contact them after their work hours at home. 2008 Board Members are: Tom Wilson, President; Matt Wheeler, Vice President (boys); Bob Miller, Vice President (girls); Donna Pool, Secretary; Dianna Wilson, Treasurer; Mike Reichle, Park & Rec Director; Representatives: Gus Suarez, Mark McKinsey, Russ Hubach, Don Brees, Eric Shupe, Greg Tanking, and Randy Pool.

**Return forms to:
Holton Ball Association,
c/o Donna Pool, Secretary
28488 P Road, Holton, Kansas 66436**