

Kalispell Pee Wee Baseball 2010 Registration Information

When: February 27, 10 a.m. to 2 p.m., March 6, 10 a.m. to 2 p.m.

Where: Kalispell Center Mall

Who: Boys and Girls ages 5-12 T-Ball Ages 5-6 Rookie Ages 7-8 Minor Ages 8-10 Major Ages 10-12

League age is determined by the player's age as of April 30, 2010.

8 year-olds who participated in the Rookie League last year may move to the Minor League. All players ages 10-12 that were not on a Kalispell Pee Wee Major League roster last year are required to attend Player Evaluation Night.

Cost: \$75 per player, \$35 2nd child, \$20 each additional child. T-Ball \$35 - Check and cash payments accepted -

Player Information

Parent/Guardian Information

Player Name _____

Mother/Guardian _____

Date of Birth _____

Telephone (h) _____ (w) _____ (c) _____

Telephone _____

E-mail _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

School _____

Father/Guardian _____

2009 Pee Wee Team _____

Telephone (h) _____ (w) _____ (c) _____

2010 Preference: T-Ball Rookie Minors Majors

E-mail _____

I will: Coach Asst,Coach Umpire Volunteer

Address _____

City _____ Zip _____

League Use Only

Paid By: Amount: _____ League Age: Division: _____ Team: 2 010 T-ball Rookie Minors Majors

Birth -Certificate Received _____

Medical Authorization

I understand that playing baseball is accompanied by the risk of injury, which can be serious. I hereby authorize Kalispell Pee Wee Baseball, including without limitation its officers and coaches, to administer or obtain medical assistance for my/our child(ren) in the event of injury arising from activities related to Pee Wee Baseball. If present at the time of injury, I will assume this responsibility for medical assistance.

Code of Conduct

I understand that one of the primary goals of Kalispell Pee Wee Baseball is to teach sportsmanship and team-oriented goals, and provide a positive playing environment. I will support these goals at all times as a parent/guardian. I understand that if I do not support these goals and create a disturbance at a ballgame that results in ejection, I will be required to leave the complex, and my son/daughter will be removed from the remainder of the game. The Board of Directors may consider additional sanctions as necessary.

I agree to abide by the Kalispell Pee Wee Baseball League policies regarding the use of alcohol and drugs at Harp Complex (KidSports)

Parent/Guardian Name:

Signature: _____

Yes, my child will be involved in other activities that may interfere with this season's baseball games and practices.

Reason: _____

Yes, my child has a recurring medical condition that may require attention.

Reason: _____

The Miracle League of Northwest Montana will start their season sometime this spring. Miracle League participants require buddies to assist them in playing their games. This is a great service opportunity for our baseball youth, please consider it. If you check the box below, you permit PeeWee Baseball to share your contact information with the Miracle League.

____As of April 30, 2010, my child will be 11 years old or older and we are interested in learning more about being a "buddy" for a Miracle League team participant.