

City of Winona Summer Recreation

Please print all information

Child's Name: _____ Male/Female _____ Age _____

Birth Date _____ School: _____ Grade: _____

Phone# : _____ (coaches must have if available)

Name of Parent or Guardian: _____

Street Address: _____

Doctor: _____ Health Notes: _____

Emergency contact: _____ Phone: _____

Father/Mother will help coach? _____

The following programs and fees will be offered this summer. Please select the league the child wishes to play.

_____ Boys Dizzy Dean Baseball-Ages 9-14-\$60.00/each-includes full uniform
(\$40.00 each additional child in household in the boys' age group)

_____ Girls Dizzy Dean Fast-pitch Softball- Ages 9-14
(\$40.00 each-included t-shirt and pants or shorts)

_____ Coach Pitch-Ages 7-8 \$40.00/each includes t-shirt and hat

_____ Tee Ball-Ages 5-6 \$25.00/each-includes t-shirt

_____ Buddy Ball-Ages 4 \$25.00/each-includes t-shirt

Please circle correct size. Please remember size selected will be size received.

T-shirt or Jersey (Youth) S 6-8 M 10-12 L 14-16 XL 18-20

(Adult) S 30-32 M 34-36 L 38-40 XL38-40 XXL 42

Pants (boys baseball/girls softball (Youth) S 22-26 M 26-28 L 30-32 XL 32-34

(Adult) S 26-28 M 30-32 L 34-36 XL 38-40 XXL-42

Amount Paid: _____ Method: _____

Waiver: Please read and sign. I/we hereby release The City of Winona, its officials, and employees from any and all liability for my child other than that which is provided in the accident policy furnished by the City of Winona Recreation Program. My/Our child will act in a manner befitting the purposes of the Program.

Signature of Parent: _____ Date: _____