



WESTSIDE SPRING* 2020 Registration Form

OR register online: www.westsidebaseballandsoftball.com Registration BEGINS January 5, 2020

CIRCLE/CHECK the Age Group that applies below.

Co-Ed T-Ball & Girls Softball League Age Groups:

Age as of JANUARY 1, 2020

Boys League Age Groups:

Age as of MAY 1, 2020

- Co-Ed T-Ball: Boys & Girls age 3-4
- Girls T-Ball: Age 5-6
- Softball Coaches Pitch: Age 7-8
- Softball Fast Pitch: Age 9-10
- Softball Fast Pitch: Age 11-12
- Softball Fast Pitch: Age 13-14

- Boys T-Ball: Boys age 5
- Baseball Coaches Pitch: Age 6
- Baseball Coaches Pitch: Age 7-8
- Baseball Kid Pitch: Age 9-10
- Baseball Kid Pitch: Age 11-12
- Baseball Kid Pitch: Age 13-15

REGISTRATION DEADLINES AND FEES (all dates in 2020):

	Regular Registration / FEE	Late Registration / FEE
Girls 5 & Older/Boys 6 & Older	Jan 5 to Feb 23 / \$70	Feb 24 to Feb 29 / \$95
CoEd T-Ball	Jan 5 to Feb 23 / \$45	Feb 24 to Mar 14 / \$70
Girls T-Ball/Boys T-Ball	Jan 5 to Feb 23 / \$70	Feb 24 to Mar 14 / \$95

There is a PER FAMILY maximum regular registration fee of \$160.

Make CHECKS or MONEY ORDERS payable to WBR Baseball & Softball.

Completed registration forms and fee payments can be mailed to PO BOX 568, BRUSLY, LA 70719

***The SPRING season begins March 1, 2020 and ends May 24, 2020. This registration & fees apply ONLY to the SPRING 2020 Regular Season. Other seasons (All-Star, Fall, e.g.) will require separate registration & fees.**

Player Name: _____ Birthday: _____ Sex: MALE / FEMALE

Address: _____ City: _____ State/ZIP: _____

Parent Name: _____ Parent Phone #: _____

Email Address: _____ Returning Player: YES / NO

Allergies, Medications, Special Conditions: _____

Please indicate below if you are interested in volunteering for the Westside league in one or more of the following roles:

HEAD COACH _____ ASST COACH _____ TEAM SPONSOR _____

MEDICAL RELEASE

As Parent or Legal Guardian of the child I am registering, I hereby give my consent for Emergency Medical Care prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry, or Licensed EMT/Paramedic. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

FOR BOARD USE ONLY: Amount of Payment: _____ Check / Money Order / Cash Initials: _____