

2020 Racine Youth Sports Baseball Registration Form

Office Use Only

Check Cash

Ck # _____

Birth Certificate _____

Code of Conduct _____

Financial Aid _____

Last Name _____

First Name _____

Birthdate _____

Age as of 9/1/2020 _____

Address _____

City & State _____

Zip _____

Email _____

Home Phone _____

Cell Phone _____

Player's School _____

Parent #1 Name _____

Player's Grade _____

Parent #2 Name _____

Gender:

Shirt Size:

Male

Y XS

Y Sm

Y Med

Y Lrg

A Sm

A Med

A Lrg

A XL

Female

2019 Information

Baseball Leagues Co-ed (Age as of 9/1/20)

Check Box if new RYS Baseball player in 2020. New players go to draft.

Saturday

NIGHTS

T-ball (ages 4-5)

\$ 65.00

Circle: Tue W TH

Coach Pitch (ages 6-7) *

\$ 80.00

Circle: M/W or T/TH

Rookie - Machine (ages 8-9) *

\$ 100.00

Circle: M/W or T/TH

Prep (Pitching) (age 10) *

\$ 100.00

Circle: M/W or T/TH

Minor (ages 11 - 12) *

\$ 100.00

Circle: M/W or T/TH

Junior (ages 13-14 NO HS) *

\$ 100.00

What was your Team and League Last Year
Team _____
League _____

Check this box if you want to

enter the draft to be on a
different team this year.

If a night for a league does not get filled it will result in playing different nights

Would like to be placed on same team as sibling or friend. Please write their full name/Team info here - _____

*I understand all game night requests cannot be met and understand players must play on their assigned team & night. Nights for league play depend upon registrations and teams needed. I also understand the days I indicate above are only my requests. No refunds after April 21st.

PLAYER SELF-EVALUATION CATEGORIES (Please circle once in each and all categories below)

Baseball Skill level _____

Beginner _____

Intermediate _____

Advanced _____

Pitching Experience _____

Yes _____

NO _____

Pitching interest 2020 _____

Yes _____

NO _____

Catching Experience _____

Yes _____

NO _____

Catching interest 2020 _____

Yes _____

NO _____

Additional Comments:

RYS is in need of Volunteers - Please mark any that interest you:

Will you fundraise for RYS?

Head Coach

Assistant Coach

No Thanks

YES

NO

I, the undersigned parent or guardian, waive all rights to hold Racine Youth Sports, its coaches, officials, officers, and Board of Directors responsible for any injury to my child during the 2020 baseball season. Parent of Legal Guardian

must sign: **Print Name** _____

Signature _____ - **Date** ____/____/____

RYS strongly believes every player should play in their own age group but acknowledges that some players for numerous reasons may want to move up a league. RYS allows a player to move up a league on one year difference with the parent signature below and in doing so will not hold RYS responsible for any injury or circumstances related to moving up

Print Name _____

Signature _____ - **Date** ____/____/____

Make checks payable to: **Racine Youth Sports or RYS**

Mailing address: RYS P.O. Box 812 Sturtevant, WI 53177