

Buckley Summer Baseball

Player name _____ Male Female

Address _____

Player DOB _____ Age on June 1st _____ Grade Next Year _____

Parent & Guardian Name _____

Phone _____ Alt Phone _____

Does your child have Medical Insurance??? YES NO

| CO-ED LEAGUES | GIRLS LEAGUE | BOYS LEAGUE |
|--------------------------|--------------------------------------|--------------------------------------|
| _____ 5-6 years (T-Ball) | _____ 7-9 Yrs (Coach Pitch Softball) | _____ 7-9 yrs (Coach Pitch Boys) |
| | _____ *9-11 Yrs (Girls Jr League SB) | _____ *9-11 Yrs (Jr League Baseball) |
| | _____ 12 -14 Yrs (Fast Pitch SB) | _____ 12- 14 Yrs (A League Baseball) |

*All 9 year olds wanting to play Jr League must have already played one year of Coach Pitch.

Shirt Sizes – PLEASE CIRCLE ONE!!

YOUTH SIZES Small (6-8) Medium (10 -12) Large (14 – 16)

ADULT SIZES Small Medium Large X-Large

I, the undersigned, grant permission for my child to participate in Buckley Summer Baseball/Softball. I agree that I will not hold Buckley Summer Baseball/Softball, it's representatives, coaches, umpires, volunteers, sponsors, Buckley Community Schools, or The Village of Buckley responsible for any injuries that may occur as a result of my child's participation.

Signature or Parent/Guardian

Date

We need Volunteers and Sponsors!! If you can help this summer, Please indicate below.

I WILL COACH I WILL SPONSOR _____

For questions contact Karie McIntyre @ 231.642.0363 or visit www.kingsleyrec.com and visit us on Facebook.