

**\*One Registration form per child\***

**Oconto Falls Park and Recreation Registration 2020**  
**Deadline: March 20th, 2020 (late fee \$20 extra)**

<b>T-BALL (co-ed)</b> 5-6 YRS. OLD	<b>MIDGETS (co-ed)</b> 7-8 YRS OLD 1 <sup>st</sup> & 2 <sup>nd</sup> grades	<b>10u Boys Minors</b> 9-10 Yr Olds 3 <sup>rd</sup> & 4 <sup>th</sup> grades	<b>12u Boys Majors</b> 11-12 Yr Olds 5 <sup>th</sup> & 6 <sup>th</sup> grades	<b>10u Girls SB Minors</b> 9-10 Yr Olds 3 <sup>rd</sup> & 4 <sup>th</sup> grades	<b>12u Girls SB Majors</b> 11-12 Yr Olds 5 <sup>th</sup> & 6 <sup>th</sup> grades	<b>14u SB Babe Ruth</b> 13-15 Yr Olds 7 <sup>th</sup> , 8 <sup>th</sup> , 9 <sup>th</sup> grades
FEE 30.00 Includes t-shirt Pick size below	FEE 30.00 Includes t-shirt Pick size below	FEE 45.00 Includes hat & jersey provided	FEE 45.00 Includes hat & jersey provided	FEE 45.00 Includes visors & jersey provided	FEE 45.00 Includes visors & jersey provided	FEE 50.00 Includes visors & jersey provided
<b>GAME NIGHT</b> Monday 6pm	<b>GAME NIGHT</b> Tue - Thur 6pm	<b>GAME NIGHT</b> Mon-Wed 6pm	<b>GAME NIGHT</b> Mon-Wed 6pm	<b>GAME NIGHT</b> Tue - Thur 6pm	<b>GAME NIGHT</b> 6pm	<b>GAME NIGHT</b> Mon-Wed 6pm
<b>Shirt Size:</b> SMALL MEDIUM LARGE	<b>Shirt Size:</b> SMALL MEDIUM LARGE	<p align="center">*Please be aware if at any time our numbers are low in any of the girls or boys 10u, 12u, 14u leagues that we will be looking to combine players with the Abrams league. This would ensure that all the children get a chance to play ball. If this would happen, we would make all families aware.</p> <p align="center"><b>*ALL FAMILIES are expected to work at concession stand during 1 to 4 home games depending on schedule*</b></p>				

PLAYERS NAME: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

LEVEL: \_\_\_\_\_ FEE: \$ \_\_\_\_\_ FAMILY PLAN: \$ \_\_\_\_\_ (Max payout \$130.00 includes all summer park programs)

PARENT Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

PARENT Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

PARENT Address \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ # \_\_\_\_\_

CHECKS PAYABLE TO "CITY OF OCONTO FALLS" FORMS & PAYMENT SENT/DROPPED OFF AT THE OFES, WMS or ST. ANTHONY SCHOOLS OR CITY HALL

PARENT MEETING Thursday APRIL 2, 2020 @ 6PM in HS commons COACHES MEETING Thursday APRIL 2, 2020 after parents meeting

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Level wanting to coach \_\_\_\_\_

Coaches still needed for: T-Ball need 3, Midgets need 3, 10u Minors need 1 girls/1boys, 12u Majors need 1 girls/1 boys  
 \*\*\*please remember if no coaches step up to coach for these open positions some children may not be able to play\*\*\*\*\*

Rules on Abrams web: aybabaseball.com  
 ANY QUESTIONS PLEASE CALL/TEXT SHEILA MANNNS 920-604-2499  
 Forms: www.ci.ocontofalls.wi.us go to Departments/Park & Rec  
 OFFICE USE ONLY: DATE RECEIVED \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ Hat/Visor \_\_\_\_\_  
 Make sure to sign back of form OVER ->

I the parent/guardian of, \_\_\_\_\_ (child's name).

We have read and understand the parent's agreement form and agree with the statements and agree to conduct ourselves in a manner consistent with each.

We understand that for the success of the program, we must follow these guidelines and furthermore, encourage my teammates/parents to do the same.

I have read and agree to the parents guidelines. I understand that failure to meet the requirements of the contract may result in loss of opportunities to continue with this program.

By signing this contract, I promise to abide by all of the rules of this program.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Waiver and Release from Liability:

As parents or legal guardian of the minor (S) named herein. By filling out the registration form I certify that my child has my permission to participate with the Oconto Falls Park and Recreation summer programs in league, tournament or practice during this programs season. I understand and acknowledge that the minor(S) named herein may suffer injury by participating in the sport of base/softball. I agree to release, indemnify and hold harmless to the city of Oconto Falls or any of its members or volunteers from all liabilities, claims, suits, loss, injury or damage to my child's or his/her personal property arising from being involved in this program. I am responsible for the minor (S) behavior and assume responsibility for uniforms and equipment. I am aware that no refund will be given after the coaches meeting date.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Concussion agreement release:

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement: I \_\_\_\_\_ have read the parents concussion and head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/ play too soon.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Agreement: I \_\_\_\_\_ have read the Athlete Concussion and Head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/ play too soon.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To learn more about concussions go to: [www.cdc.gov/concussion](http://www.cdc.gov/concussion) ; or [www.wiaawi.org](http://www.wiaawi.org) or [www.nfhs.org](http://www.nfhs.org)

**OCONTO FALLS PARK AND RECREATION REGISTRATION 2020  
SUMMER SAND VOLLEYBALL AND TENNIS**

**\*PLEASE MARK YOUR CALENDERS WITH STARTING DATES AND TIMES  
YOU WILL NOT BE NOTIFIED UNLESS THERE IS A CHANGE!**

**\*\*\*\*Pine Grove Park (Sherman St. west side of town) \*\*\*\***

**SAND VOLLEYBALL: June 15-18 and June 22-25**  
**\_\_\_\_\_ AGES 9-14 MON. -thru- THURS. 1:00 - 2:30**

**\*\*If there are a lot of kids signed up then we will split into 2 groups & times. You will be notified by phone or email if we need to split.**

**TENNIS: June 15-18 and June 22-25**  
**\_\_\_\_\_ AGES 7 & UP MON. -thru- THURS. 2:30 - 3:30**

**\_\_\_\_\_ Need racket (limited rackets available in different sizes)**  
**\_\_\_\_\_ Have own racket**

**WAIVER AND RELEASE FROM LIABILITY: AS PARENT OR LEGAL GUARDIAN OF THE MINOR (S) NAMED HEREIN. I CERTIFY THAT MY CHILD HAS PERMISSION TO PARTICIPATE WITH THE OCONTO FALLS PARK AND RECREATION SUMMER PARK PROGRAMS. I UNDERSTAND AND ACKNOWLEDGE THAT THE MINOR(S) NAMED HEREIN MAY SUFFER INJURY BY PARTICIPATING IN THE CHOSEN SUMMER PROGRAM. I AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF OCONTO FALLS OR ANY OF ITS MEMBERS OR VOLUNTEERS FROM ALL LIABILITIES, CLAIMS, SUITS, LOSS, INJURY OR DAMAGE TO MY CHILD OR HIS PERSONAL PROPERTY ARISING FROM BEING INVOLVED IN THIS PROGRAM. I AM RESPONSIBLE FOR THE MINOR (S) BEHAVIOR AND ASSUME RESPONSIBILITY FOR EQUIPMENT THAT MAY BE DAMAGED.**

**PLAYERS NAME \_\_\_\_\_ AGE \_\_\_\_\_**

**PARENT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ EMAIL \_\_\_\_\_**

**PARENT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ EMAIL \_\_\_\_\_**

**EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY # \_\_\_\_\_**

**FEE \$20.00 PER EVENT \_\_\_\_\_ (FAMILY PLAN \$130.00 MAXIMUM INCLUDES BASE/SOFTBALL)**

**CHECKS PAYABLE: "CITY OF OCONTO FALLS" 500 N. CHESTNUT AVE P.O. BOX 70 OCONTO FALLS, WI 54154**

**FORMS/PAYMENT MAY BE DROPPED OFF ALSO AT THE ELEMENTARY, WMS OR ST ANTHONY SCHOOLS**

**CALL/TEXT SHEILA MANNS 920-604-2499 OR EMAIL: SMANNSPARKREC@GMAIL.COM**

**OFFICE USE ONLY: DATE RECEIVED \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_**

