

**ITTY BITTY SOFTBALL LEAGUE
3 & 4 YEAR OLD BOYS AND GIRLS
SUMMER 2021**

Child's Name _____ Phone# _____
Address _____ DOB _____ Male / Female
_____ Age as of May 1, 2021 _____

Parent Name(s) _____

Parent Email Address _____

Please Circle desired T-Shirt Size: Child XS S M L XL

Parents:

- ____ I am interested in helping coach
____ I am interested in helping sit with kids
____ I am not interested in helping—will be required to provide a snack

Signature of Parent or Legal Guardian Date

*PLEASE RETURN THIS FORM TO CITY OF WASHINGTON, ERICA LEHMAN OR CHEYENNE DREWEL. **FORMS DUE March 26th** *

**ALL GAMES/PRACTICES WILL BE SUNDAYS
6:30 PM-7:15 PM or 7:15 PM-8:00 PM
AT THE BIG DIAMOND (BY THE PARK).**

ALL TEAM PRACTICE AND SKILL STATION --- June 6th

GAMES—June 13th, 20th, 27th; PLEASE ARRIVE 15 MINUTES BEFORE THE START OF THE GAME.

Questions may be directed to: Erica at 785-201-5696 or Cheyenne at 785-370-9691. All parents/guardians will be added to a private Facebook group with information regarding team and league information.

*****Please be sure to fill out the release form on the back of this sheet!!!*****

Itty Bitty Softball League 2021 Release Form

Child's Name _____ Parent/Guardians _____

Date of Birth _____ Age as of May 2021 _____

Address: _____

Street Apt# City State ZIP

Allergies or Chronic Illness (please be specific):

List MEDICATIONS your child is allergic to: _____

List MEDICATIONS your child is currently taking: _____

I/We give permission for the above said child to participate with the Itty Bitty League for the year of 2021.

The undersigned does hereby release the Itty Bitty Softball League, an unincorporated organization, and all persons or organizations associated with or employed by, who provide advice and give assistance to said organization and all persons participating in any activity carried on by the Itty Bitty Softball League from any and all causes of action, claims, demands, any and all personal injury, damage to property, medical expenses, loss or damage to any and every kind of nature whatsoever which may arise from above said child's participation with the Itty Bitty Softball League during the year 2021.

I /We understand that NO INSURANCE will be provided by the Itty Bitty Softball League to cover injury or loss incurred by above said child.

If I/We, the undersigned parent(s)/guardian(s) of the child identified above, cannot be contacted, I/We authorize the coach(s) to contact the following physicians and I/We hereby certify that I/We are the parent(s)/Guardian(s) of the said minor child, and do authorize the physicians named below to render such treatment as said physicians deem reasonably necessary in an emergency for the health of said child, without further authorization than here expressed. In the event neither the physician(s) here named can be contacted, or either of the parent(s)/Guardian(s) is available to give express consent at such time with reference to any other physician, I/We hereby consent and authorize the coach(s) to contact any licensed physician, and I/We hereby authorize said physician to render such treatment as he may deem reasonable/necessary, in what he may consider to be an emergency, for the health of aforesaid minor child.

MEDICAL INSURANCE CO _____ Insur. ID# _____

Physician (1st choice) _____ Phone: _____

Physician (2nd Choice) _____ Phone: _____

I/We acknowledge that I/We have read and understand this release and that I/We are legally competent to execute this release for the above said child.

Date: _____ Parent(s)/Guardian(s) Signature: _____

Home Phone Number _____ Cell Number _____

#1 Emergency Person to Contact: _____

Home Phone Number _____ Cell Number _____

#2 Emergency Person to Contact: _____

Home Phone Number _____ Cell Number _____